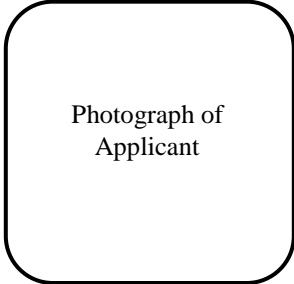




**Republic of Guyana**  
**APPLICATION FOR FIREARM LICENCE (INDIVIDUAL)**

**INSTRUCTION:** Please complete application form in **CAPITAL LETTERS**.  
Failure to complete all sections will affect processing of the application.  
If you need more space for any section, print an additional page containing the appropriate section, complete and submit with the application.

Last Name:
Maiden Name:
First Name:
Middle Name:
Alias:



FOR OFFICIAL USE ONLY		
<b>Police Division:</b> _____	<b>Date:</b> ____/____/____ yyyy/mm/dd	<b>Form Number:</b> _____

Applicants are required to submit two (2) recent passport size photographs along with the following documents to facilitate processing of the application:-

**DOCUMENTS REQUIRED** (Copies and original for verification, where applicable)

1. Vehicle Registration (if applicable).
2. Business Registration (if applicable).
3. Guyana Revenue Authority (GRA) liability statement.
4. Title/Lease/Transport to land/property (if applicable).
5. Birth Certificate, Naturalization or Registration Certificate (if applicable).
6. National Identification Card or Passport.
7. Two (2) recent testimonials in support of the application.
8. Business Financial Statement (if applicable).
9. Completed Firearms Licencing Approval Board Medical Report for applicants for Firearms Licence.

**NOTE:** a. Applicants are advised that the submission of an endorsement of membership of recognised Associations, e.g. Guyana Rice Producers' Association (GRPA), Guyana Gold and Diamond Miners' Association (GGDMA) and the Guyana National Rifle Association (GNRA), will be helpful.

b. Applicants for a Joint Firearm Licence are advised to complete an Individual Application Form and submit with the requisite supporting documents, and a covering letter indicating that it is a joint application. Each individual will complete an application.

**PROCESSING FEE**

All successful applicants are required to pay a processing fee. The fee structure is as follows:

- Shotgun \$5,000.00
- Handgun (pistol/revolver) \$20,000.00
- Rifle \$25,000.00

### Application Process for a Firearm Licence

The process from application to final approval or rejection for a firearm licence is as follows:

1. The applicant completes the Firearm Licence Application Form, and submits along with a Medical Report for Firearm Licence, and the required documentation to **ONE** of the following locations:
  - a. The nearest Police Station; or
  - b. The Divisional Commander, Divisional Headquarters; or
  - c. The Commissioner of Police, Police Headquarters, Eve Leary, Georgetown; or
  - d. The Ministry of Home Affairs.
2. The applicant will be issued with an acknowledgement letter by the Commissioner of Police.
3. The Commissioner of Police will forward the application to the Criminal Investigation Department, Special Branch, and the relevant Divisional Commander, as the case may be, for processing to commence.
4. During the processing of the application, police officers will visit the residence of the applicant, who will be required to give a statement, and have his/her fingerprints taken.
5. The Divisional Commander will verify the information contained in the application, and submit a report to the Commissioner of Police with a recommendation.
6. The Criminal Investigation Department and Special Branch will communicate the findings of their investigations to the Commissioner of Police.
7. On receipt of the required reports, the Commissioner of Police will forward his findings and recommendation to the Minister of Home Affairs for review by the Firearms Licensing Approval Board.
8. The Firearms Licensing Approval Board will review the recommendation of the Commissioner of Police, and make a recommendation to the Minister of Home Affairs.
9. The Minister of Home Affairs will grant or withhold his “no objection” to the recommendation of the Firearms Licensing Approval Board.
10. The Commissioner of Police will be notified of the outcome of the application.
11. The applicant will be notified, in writing, by the Commissioner of Police of the outcome of his/her application.
12. Successful applicants will be required to pay a processing fee at the respective Divisional Firearm Registry, following which they will commence the process of purchasing, licensing and uplifting a firearm and ammunition.
13. Unsuccessful applicants are advised of their right to appeal the refusal of their applications for firearm licences under the Firearms Act. The appeal must be submitted to the President.

## A. GENERAL INFORMATION

Last Name :		Maiden Name:	
First Name:		Alias:	
Middle Name:			
Has your name ever been changed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>YES</b> , what was your previous name? _____			
How was it changed? <input type="checkbox"/> Deed Poll <input type="checkbox"/> Court Order			
Date of Birth: ____/____/____ yyyy/mm/dd		Place of Birth:	Nationality:
Citizenship By: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Please Specify): _____			
<input type="checkbox"/> Dual Citizenship (Please Specify): _____			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law			
Immigration Status: <input type="checkbox"/> Voluntary Remigrant <input type="checkbox"/> Involuntary Remigrant <input type="checkbox"/> Not Applicable			
Address:			
Present: _____			
_____			
Previous: _____			
_____			
Tel No.:		Cell No.:	E-mail:
National I.D. No.:		Passport No.:	TIN:
Profession or Occupation: _____			
If self-employed, please complete Section C			
Name of Employer:			
Address of Employer: _____			
_____			
_____			
Tel No.:		Fax No.:	E-mail:

## B. BACKGROUND INFORMATION

1. Have you ever applied for a firearm licence?  Yes  No  
If **YES**, please provide details \_\_\_\_\_
2. Have you ever been refused a firearm licence?  Yes  No
3. Has your firearm licence ever been revoked?  Yes  No
4. Has your firearm ever been seized?  
If **YES**, was it returned to you?  Yes  No
5. Is any other member of your household a licensed firearm holder?  Yes  No  
If **YES**, please state name \_\_\_\_\_
6. Have you ever lost or misplaced your firearm?  Yes  No  
If **YES**, complete Section E.
7. Has any other member of your household ever been refused a firearm licence?  Yes  No
8. Have you ever been convicted or discharged on any offence?  Yes  No
9. Have you ever been treated for emotional problems, drugs or alcohol abuse?  Yes  No
10. Do you suffer from Epilepsy (Fits)?  Yes  No
11. Have you ever been placed on bond by the court?  Yes  No
12. Have you ever been charged by the police?  Yes  No  
If **YES**, please state date and offence(s) \_\_\_\_\_
13. Are you currently awaiting trial for any offence?  Yes  No  
If **YES**, please provide details \_\_\_\_\_

## C. BUSINESS INFORMATION FOR SELF EMPLOYED PERSONS

Are you a businessman/businesswoman?  Yes  No

Do you have a registered business?  Yes  No

Type of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

## D. TYPE OF FIREARM REQUIRED

<input type="checkbox"/> Pistol/Revolver	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Rifle <input type="checkbox"/> Bolt Action <input type="checkbox"/> Semi-Automatic
<input type="checkbox"/> .22	<input type="checkbox"/> 12 Gauge	<input type="checkbox"/> .22
<input type="checkbox"/> .25	<input type="checkbox"/> 16 Gauge	<input type="checkbox"/> .223
<input type="checkbox"/> .32	<input type="checkbox"/> 20 Gauge	<input type="checkbox"/> .243
<input type="checkbox"/> 9 mm		<input type="checkbox"/> .270

**NOTE:** The Firearms Licensing Approval Board will exercise its discretion in recommending applicants for 9mm pistols.

**E. FIREARM BACKGROUND INFORMATION**

Have you ever lost or misplaced your firearm?  Yes  No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. USE OF THE FIREARM**

Personal Protection  Protection of Business  
 Protection of Crops/Livestock  Hunting  
 Other (Please Specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. AMMUNITION REQUIRED**

Please indicate the maximum amount of ammunition you desire to have in your possession at any one time. \_\_\_\_\_

**H. PARTICULARS OF REFEREES**

Name of Referee:		Name of Referee:	
Address: _____ _____		Address: _____ _____	
Tel. No.:	Cell No.:	Tel. No.:	Cell No.:
Profession or Occupation:		Profession or Occupation:	
Place of Employment:		Place of Employment:	
Name & Address of Employer: _____ _____ _____		Name & Address of Employer: _____ _____ _____	
Signature:		Signature:	
Date:		Date:	
By signing this form, you are attesting to the fact that you have known the applicant _____ for a period of five (5) years or more and that the information given by the applicant is true and correct to the best of your knowledge.		By signing this form, you are attesting to the fact that you have known the applicant _____ for a period of five (5) years or more and that the information given by the applicant is true and correct to the best of your knowledge.	

**I. FAMILY INFORMATION**

Please print additional pages, as may be necessary.

**SECTION A**

Full Name	Relationship SEE NOTE 1	Date of Birth yyyy/mm/dd	Present Address (if deceased give last address and date)
			Present Occupation
	SPOUSE OR COMMON-LAW PARTNER		
	MOTHER		
	FATHER		

**NOTE 1:** If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or common-law partner. \_\_\_\_\_  
Signature Date

**SECTION B**

**CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)**

Full Name	Relationship SEE NOTE 2	Date of Birth yyyy/mm/dd	Marital Status	Present Address (if deceased give last address and date)
				Present Occupation

**NOTE 2:** If no children are listed in Section B, read and sign below.

I certify that I do not have any children, either biological or adopted. \_\_\_\_\_  
Signature Date

**SECTION C**

**BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brothers and half-sisters and stepbrothers and stepsisters.)**

Full Name	Relationship SEE NOTE 3	Date of Birth yyyy/mm/dd	Marital Status	Present Address (if deceased give last address and date)
				Present Occupation

**NOTE 3:** If no brothers and sisters are listed in Section C, read and sign below.

I certify that I do not have any brothers and sisters.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**J. DECLARATION**

I hereby declare that the information provided by me is true and correct to the best of my knowledge.

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Date

**Person preparing this application other than applicant**

I hereby certify that this application was prepared by me on the basis of information of which I have knowledge.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

If the applicant is unable to sign, the person filling the form should sign the form and the applicant should place his right thumb print in the space reserved for signature of applicant.