



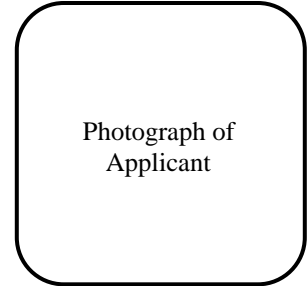
Republic of Guyana
APPLICATION FOR A FIREARMS DEALER'S LICENCE

INSTRUCTION: Please complete application 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 application.

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



FOR OFFICIAL USE ONLY

Police Division: _____

Date: ____/____/____
 yyyy/mm/dd

Form Number: _____

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.
3. Guyana Revenue Authority (GRA) liability statement.
4. Title/Lease/Transport to land/property (if applicable).
5. National Identification Card or Passport.
6. Birth Certificate, Naturalization or Registration Certificate (if applicable).
7. Two (2) recent testimonials in support of the application.
8. Business Financial Statement.

PROCESSING FEE

All successful applicants are required to pay a processing fee of \$30,000.00.

Application Process for a Firearms Dealer's Licence

The process from application to final approval or rejection for a firearms Dealer's licence is as follows:

1. The applicant completes the 'Application for a Firearms Dealer's Licence' and submits along with the required documentation to **ONE** of the following locations:
 - a. The Divisional Commander, Divisional Headquarters; or
 - b. The Commissioner of Police, Police Headquarters, Eve Leary, Georgetown; or
 - c. 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 the stock of firearms and ammunition.
13. Successful applicants are advised to contact the Ministry responsible for Commerce for assistance in obtaining an Import Permit.
14. 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 YES 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 fill out Section C)			
Name of Employer:			
Address of Employer: _____ _____ _____			
Tel. No.:		Fax No.:	E-mail:

B. BACKGROUND INFORMATION

1. Have you ever applied for a firearms dealer's licence? Yes No
If **YES**, please provide details _____

2. Have you ever been refused a firearms dealer's licence? Yes No
3. Are you a licenced firearm owner? Yes No
4. If **NO**, have you ever applied for a firearm licence? Yes No
5. Have you ever been refused a firearm licence? Yes No
6. Has your firearm licence ever been revoked? Yes No
7. Have you ever lost or misplaced your firearm? Yes No
8. Has your firearm ever been seized?
If **YES**, was it returned to you? Yes No
 Yes No
9. Is any other member of your household a licensed
firearm holder? Yes No
If **YES**, please state name _____
10. Has any other member of your household ever been
refused a firearm licence? Yes No
11. Have you ever been convicted or discharged
on any offence? Yes No
12. Have you ever been treated for emotional problems,
drugs or alcohol abuse? Yes No
13. Do you suffer from Epilepsy (Fits)? Yes No
14. Have you ever been placed on bond by the court? Yes No
15. Have you ever been charged by the police?
If **YES**, please state date and offence(s) _____

16. Are you currently awaiting trial for any offence?
If **YES**, please state _____

C. BUSINESS INFORMATION

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. 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.	

E. 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. _____

F. 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.