

Firearms dealers: Application for registration or for new Certificate of Registration

Please complete this form in **BLOCK CAPITALS** except when signing.

Note: Part A must be completed where an application is made by a person wishing to be registered as a firearms dealer.

Parts B and **C** must be completed where an application is made on behalf of a company. In all cases **Parts D** to **G** must be completed.

Your personal data will be processed by the police force to which you apply in line with Part 3 of the Data Protection Act 2018 and as set out in the force's Privacy Information Notice.

Part A Personal details

1	Title (e.g. Mr, Mrs, Ms)	<input type="text"/>
2	Surname	<input type="text"/>
3	Forename(s)	<input type="text"/>
4	If you have at any time used a name other than those quoted at 2 and 3 above, please give details (including in the case of a married woman, surname before marriage)	<input type="text"/>
5	Date of birth	<input type="text"/>
6	Place of birth	<input type="text"/>
7	Nationality	<input type="text"/>
8	Occupation	<input type="text"/>
9	Current home address	<input type="text"/>
	Post code	<input type="text"/> Telephone number <input type="text"/>
10	Mobile number	<input type="text"/>
11	Email address	<input type="text"/>
12	Permanent home address (if different from 9)	<input type="text"/>
	Post code	<input type="text"/> Telephone number <input type="text"/>
13	If you have lived elsewhere than at the addresses quoted at 9 and 12 above during the last five years please give details	<input type="text"/>
	Post code	<input type="text"/>
14	Have you previously been registered as a firearms dealer in Great Britain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes state police force area	<input type="text"/>
	Name under which you were registered	<input type="text"/>
	Period of registration	from <input type="text"/> to <input type="text"/>

Part A Personal details (continued)

- 15 Have you ever had an application for the grant or renewal of a firearm or shot gun certificate refused or a certificate revoked? Yes No

If **yes** give details

- 16 Have you ever had an application for registration as a firearms dealer refused, or been removed from a police register of dealers? Yes No

If **yes** give details

- 17 Have you ever been convicted of any offence? Yes No

If **yes** give details

(**Note:** You are not entitled to withhold information about any offence. This includes convictions in places outside Great Britain.)

Part B Company details

- 18 Full name of company

- 19 Registered number of company

- 20 Has the company ever traded under a different name? Yes No

If **yes**, state full name of such company

- 21 Has the company been registered as a firearms dealer in another police force area, under this or any other name? Yes No

If **yes**, state police force and certificate of registration number

- 22 Principal nature of the business with which the company is concerned

- 23 Names of the officers of the company (including Chairperson, Secretary, Directors, Treasurer etc.)

Part B Company details (continued)

- 24 Do any of the above named officers hold a firearms dealer's certificate of registration? Yes No
If **yes**, state full name of such officers
- 25 Is any officer of the company also an officer of another company which holds a firearms dealer's certificate? Yes No
If **yes**, state details
- 26 Has the company trading under this or any other name, ever been removed from a police register of firearms dealers? Yes No
If **yes**, state details
- 27 Has a court ever ordered any of the officers of the company not to be registered as a firearms dealer? Yes No
If **yes**, state details
- 28 Has a court ever ordered the company not to be registered as a firearms dealer? Yes No
If **yes**, state details
- 29 Has the company been convicted of any offence? Yes No
If **yes**, state details

Part C Officer making an application on behalf of a company

- 30 Title (e.g. Mr, Mrs, Ms)
- 31 Full name
- 32 Date of birth
- 33 Position held in company
- 34 Length of time in position stated in question 31

Part D Place of business

35 Details of places of business

Name and address of business		Nature of business e.g. manufacturing, wholesale, retail, full or part time	Nature of other business conducted at this address
a)	Telephone No. <input type="text"/>		
b)	Telephone No. <input type="text"/>		
c)	Telephone No. <input type="text"/>		

36 If this is an initial application, please give details of previous experience of handling firearms

37 Proposals for ensuring the safe custody of firearms and/or ammunition if the application is granted

Part E Details of servants

Important: Read Notes 1 to 3 before completion. Enter in the table below details of all servants who, by virtue of Section 8 of the Firearms Act 1968, are or will be authorised to possess, purchase or acquire firearms and ammunition in the ordinary course of your business. If necessary, continue on a separate sheet.

Surname (including any former names)	Forename(s)	Date of birth	Address	Firearm or shotgun certificate details (if applicable – including certificate number and issuing police force)

Part F Personal health and medical declaration

If necessary, continue on a separate sheet

Important: Read notes 4 to 13 before completion.

A medical declaration is not required if the person making the application holds a valid firearm and/or shotgun certificate and their medical circumstances have not changed during the validity of the certificate. Where this is the case, please only provide details of the certificate(s) below.

Table with 3 columns: Certificate number, Date of issue, Issuing police force

Where the person making the application does not hold a valid firearm or shotgun certificate, or their medical circumstances have changed, the following section and declaration must be completed.

38 Have you ever been diagnosed with or treated for any of the medical conditions in note 6? [] Yes [] No. If yes, state details

39 Details of your GP or GP practice. Name of GP and/or practice, Address, Post code, Telephone number, Email address

40 Details of all previous GP practices during the past 10 years (see note 13). Continue on a separate sheet if necessary. Name of GP and/or practice, Address, Post code, Telephone number, Email address

41 Are there any periods in the past 10 years when you have not been registered with a UK GP or have consulted medical practitioners other than at your GP practice? [] Yes (please provide details on a separate sheet) [] No

I give the police permission to contact my GP and/or specialist to obtain factual details of any medical history in relation to my suitability to possess firearms as a dealer. This authority is valid for the duration of my registration as a firearms dealer. I understand that my GP may share sensitive personal data with the police concerning my physical and mental health for the purpose of enabling the police to make a fully informed decision on my application or continued suitability, and I hereby consent to this processing of my personal data. Applicant's name (BLOCK CAPITALS), Signature, Date

Part G Application and declaration

42 I hereby:

apply; **or**

submit this application on behalf of the company named in Part B above

to the chief officer of police for:

registration as a firearms dealer; **or**

a new certificate of registration.

Note: It is an offence for any person to knowingly or recklessly make a statement false in any material particular for the purpose of procuring either for himself or for another person registration as a firearms dealer or the entry of any place of business on a register of firearms dealers.

I declare that the above statements are true.

Usual signature of applicant

Date

Notes

Please read these BEFORE completing the form

Servants

1. The exemption in section 8(1) of the Firearms Act 1968 covers the possession, purchase and acquisition of firearms and ammunition in the ordinary course of a registered firearms dealer's business. It extends to registered firearms dealers and their servants.
2. There is no legal definition of a 'servant', but it should be noted that a letter of authority does not automatically make someone a 'servant' for these purposes. An employee of the dealer working for a firearms-related business would be a 'servant', but it is not the case that anyone whose services the dealer uses on any occasion will necessarily be a servant e.g. a self-employed outworker (such as an engraver). In these circumstances the outworker would be required to register as a firearms dealer.
3. The possession, purchase and acquisition of the firearms and ammunition by a servant may only be for the ordinary course of the business of the dealer as directed by the dealer.

Medical information

4. Where an application is made on behalf of a company (Part C) the officer making the application should either have day to day responsibility for, or direct oversight of, the firearms held by that company.
5. You must disclose any relevant physical or mental health conditions that you have been diagnosed with or treated for in the past as this may affect your ability to safely possess firearms, shotguns or air weapons. Relevant medical conditions which must be disclosed are listed in note 6. Section 34 of the Firearms Act 1968 (as amended) specifies that in order to register a person as a firearms dealer, the chief officer of police must be satisfied that an applicant can be permitted to carry on business as a firearms dealer "without danger to the public safety or to the peace". Medical fitness is one of the factors police must consider when assessing this.

6. Relevant medical conditions which must be disclosed are:
 - Acute Stress Reaction or an acute reaction to the stress caused by a trauma
 - Suicidal thoughts or self-harm
 - Depression or anxiety
 - Dementia
 - Mania, bipolar disorder or a psychotic illness
 - A personality disorder
 - A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
 - Alcohol or drug abuse
 - Any other mental or physical condition which might affect your safe possession of a firearm or shotgun
 If in doubt, consult your GP or contact the police firearms licensing department.
7. If you have disclosed a relevant medical condition the police may ask you to obtain a medical report from your GP/ specialist. You are expected to meet the cost if a fee is charged for this. If further information is required the police may request and pay for a further report.
8. Where no relevant medical conditions are disclosed the police will contact your GP asking if they are aware of any relevant medical conditions or have any concerns about your possession of firearms, shotguns or air weapons. Depending on the reply, the police may ask you to obtain a medical report from your GP/specialist. You are expected to meet the cost if a fee is charged for this. If further information is required the police may request and pay for a further report.
9. The police will ask your GP to place an encoded reminder on your patient record to indicate that you have been registered as a firearms dealer. The GP is asked to notify the police if, following your registration as a firearms dealer, you are diagnosed with or treated for a relevant medical condition (listed in note 6), or if the GP has other concerns about your safe possession of firearms, shotguns or air weapons. Following contact from your GP there may be a need for a medical report to be obtained to assist with assessment of your continued suitability to possess firearms, shotguns or air weapons. The police will pay if a medical report is required.
10. Following your registration as a firearms dealer please note that the declaration you have signed consenting to information sharing between your GP and police applies during the application process and during the validity of your registration.
11. You are expected to inform the police if, following registration as a dealer, you are diagnosed with or treated for a relevant medical condition while your registration as a firearms dealer remains valid.
12. You should inform the police if you change your GP practice and provide contact details for the new practice.
13. You are asked to provide details of GP practices over the past 10 years and whether you have consulted medical practitioners other than at your GP practice so that all relevant information is available to police to assist with their assessment of suitability to possess firearms, shotguns or air weapons.

For official use only			
Fee paid £	<input type="text"/>	Rank / Number	<input type="text"/>
Receipt Number	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		
Station	<input type="text"/>		