

Application for a Shot Gun Certificate

I am applying for (tick box which applies):

- the grant of a Shot Gun Certificate
 the renewal of a Shot Gun Certificate

You should use this form to apply for the
grant or renewal of a shot gun certificate

Please read the notes on the back of this form carefully before completing this application.

Write in BLOCK CAPITALS throughout except when signing.

If you wish to provide any information further to the questions below separately to this form, you must sign and date that information.

Part A Personal details to be completed in all cases

1 Title (Mr, Mrs, Ms, Dr etc)

2 Surname

3 Forename(s)

4 If you have at any time used a name other than those quoted at 2 and 3 above, please give details – if not write NONE
Other surname
(if a married woman, give surname before marriage)

5 Other forename(s)

6 Home address

Post Code Home telephone number

7 Height 8 Date of birth (DD/MM/YY)

9 Place of birth

10 Nationality

11 Occupation

12 Business address

Post Code Daytime telephone number

13 If you have lived at addresses other than that stated at 6 during the last five years enter them here

14 Have you been convicted of any offence (see notes at the end of this form)?

On renewal details need only be given of convictions since the existing certificate was issued

no yes If yes give details

15a Do you suffer from any medical condition or disability including alcohol and drug related conditions?

no yes If yes give details

15b Have you now, or have you ever had Epilepsy?

no yes If yes give details

15c Have you ever attended your present or a previous General Practitioner (GP) for treatment of depression or any other kind of mental or nervous disorder?

no yes If yes give details

16 Please give details of your current GP

Name of GP

Address

I hereby give permission for the police to approach my GP to obtain factual details of my medical history.

Usual signature of applicant

Date