

# 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 an individual 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** and **E** must be completed.

## Part A Personal details

1 Title (eg Mr, Mrs, Ms)	<input style="width: 95%;" type="text"/>	2 Surname	<input style="width: 95%;" type="text"/>
3 Forename(s)	<input style="width: 95%;" 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 style="width: 95%;" type="text"/>		
5 Date of birth	<input style="width: 40%;" type="text"/>	6 Place of birth	<input style="width: 40%;" type="text"/>
7 Nationality	<input style="width: 95%;" type="text"/>		
8 Occupation	<input style="width: 95%;" type="text"/>		
9 Current home address	<input style="width: 95%;" type="text"/>		
	Post code	Telephone number	<input style="width: 40%;" type="text"/>
10 Permanent home address (if different from 9)	<input style="width: 95%;" type="text"/>		
	Post code	Telephone number	<input style="width: 40%;" type="text"/>
11 If you have lived elsewhere than at the addresses quoted at 9 and 10 above during the last five years please give details	<input style="width: 95%;" type="text"/>		
	Post code	Telephone number	<input style="width: 40%;" type="text"/>
12 Have you previously been registered as a firearms dealer in Great Britain?	yes <input type="checkbox"/> no <input type="checkbox"/>		
If yes state police force area	<input style="width: 95%;" type="text"/>		
Name under which you were registered	<input style="width: 95%;" type="text"/>		
Period of registration	from <input style="width: 40%;" type="text"/>	to <input style="width: 40%;" type="text"/>	