**Application for**

**Firearms Certificate**

**F05**

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New Mole House, Rosia Road, Gibraltar 🞟 Tel (+350) 200 72500 🞟 [www.police.gi](http://www.police.gi)

**Firearms Certificate Application**

**Form Guidance**

This form can be completed digitally, and anyfields that are not applicable should be marked N/A. Original or scanned signatures are required throughout. If you are printing off this form and filling it in by hand, PLEASE USE BLOCK CAPITALS (clearly and legibly) using BLACK INK only, throughout the form to assist in processing your request.

Complete **Sections 1 – 8 overleaf.**

**Proof of Identity**

Section 1 - 8 asks you to give personal information about yourself which will help the Commissioner of Police to confirm your identity. He has a duty to ensure that information he holds is secure and he must be satisfied that you are who you say you are.

Section 9 asks you to provide evidence of your identity by producing copies of documents(s) with your application.

**Form Submission**

Ensure all sections are completed and submit application form together with a copy of your identification documentation to: **firearmslicensing@royalgib.police.gi**

If you have a Firearms certificate enquiry, please call **20077658**, Centrex **3453** or email **firearmslicensing@royalgib.police.gi**

**Please note that fields marked \* are mandatory.**

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| **Section 1 - Personal information** | | |
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| **1.1 \* Title:** | Choose an item. (if other, please specify) Click or tap here to enter text. | |
| **1.2 \* ALL forename(s)/given name(s):** | | Click or tap here to enter text. |
| **1.3 \* Surname/Family name:** | | Click or tap here to enter text. |
| **1.4 \* Date of birth: (dd/mm/yyyy)** | | Click or tap to enter your DOB |
| **1.8 \* Passport No.** | | Click or tap here to enter text. |
| **1.9 \* Nationality:** | | Click or tap here to enter text. |

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| **Section 2 - Contact details** | |
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| **2.1 \* Email address:** | Click or tap here to enter text. |
| **2.2 \* Daytime telephone No.**  (Please make sure that you include local/area or international dialling codes.) | Click or tap here to enter text. |

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| **Section 3 - Address history** | |
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| **3.1 \* Current address:** This is the physical address at which you reside (not a PO Box) and should be shown on your proofs of address. | |
| Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | |
| **Postcode:** | Click or tap here to enter text. |
| **Date from:** | (mm/yyyy) |
| **3.2\* Previous addresses:** If you have lived at another address during the last five years. | |
| **Previous addresses:** | **Date from:** (mm/yyyy) **Date to:** (mm/yyyy) |
| Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | |
| **Postcode:** | Click or tap here to enter text. |

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| **Section 4 – Work Details** | |
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| **4.1 \* Occupation:** | Click or tap here to enter text. |
| **4.2 \* Place of work:** | Click or tap here to enter text. |
| **4.3 \* How long have you worked at the above:** | Click or tap here to enter text. |

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| **Section 5 – Family Details** | |
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| **5.1 \* Martial Status:** | Click or tap here to enter text. |
| **5.2 \* Name of Spouse:**  Include maiden name if applicable | Click or tap here to enter text. |
| **5.3 \* Number of Children:** | Click or tap here to enter text. |
| **5.4 \* Next of Kin:** Provide full name, address and contact number. | Click or tap here to enter text. |
| **5.5 \* Family members holding Firearms Certificate within the same household:** | Click or tap here to enter text. |

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| **Section 6 – Reason for Application** | |
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| **6.1 \* Reason for Application:**  (If Initial Issue). | Click or tap here to enter text. |
| **6.2 \* How long have you been shooting:** | Click or tap here to enter text. |
| **6.3 \* What shooting club(s) do you belong to:** | Click or tap here to enter text. |
| **6.4 \* How long have you held membership:** | Click or tap here to enter text. |
| **6.5 \* How long have you been shooting?** | Click or tap here to enter text. |

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| **Section 7 – Personal History** | | | | |
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| **\***Please note your application will be strictly vetted before your application is considered. Failure to provide these details requested may result in the refusal to issue or the revocation of a firearms certificate. | | | | |
| **7.1 \* Have you ever lived anywhere away from Gibraltar?** | | | Click or tap here to enter text. | |
| **7.2 \* Are you a serving, ex-serving, dependant or ex-dependant, partner or ex-partner of a serving or ex-serving member of the UK armed forces. Are you a civilian that has been subject to UK armed forces acts?** | | | Click or tap here to enter text. | |
| **7.3 \* Are you the subject of any impending prosecutions or are you under investigation for a criminal offence?** | | | Click or tap here to enter text. | |
| If you have answered ‘Yes’ to question 7.3 please provide details below. If you run out of space, please use the Additional Information section of this application. Please note that any information regarding impending prosecutions or criminal investigations held on police databases may show on your certificate. | | | | |
| **7.4 Alleged offence(s) 1:** | | | | |
| Click or tap here to enter text. | | | | |
| **7.5 Date of court hearing: (dd/mm/yyyy)** | | Click or tap to enter date. | | |
| **7.6 Court:** | Click or tap here to enter text. | | | |
| **7.7Additional Information:** | | | | |
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| **7.8 \* In Gibraltar or in the United Kingdom\*** (**\***England, Wales, Northern Ireland, Scotland, Channel Islands, Isle of Man or when serving in the UK armed forces) **have you ever:**   * **Been interviewed by police under caution;** * **Received a postal requisition or summons;** * **Been arrested, cautioned, warned or reprimanded;** * **Received a penalty notice; or** * **Been convicted of a criminal offence?** | | | | Choose an item. |
| **You must declare ALL convictions including those you believe to be spent under the Rehabilitation of Offenders Act 1974.** | | | | |
| If you have answered ‘Yes’ to any of the above questions, please provide details below. If you run out of space, please use the Additional Information section of this application. | | | | |
| **7.9 Offence(s) 1:** | | | | |
| Click or tap here to enter text. | | | | |
| **7.10 Offence(s) 2:** | | | | |
| Click or tap here to enter text. | | | | |
| **7.11 Offence(s) 3:** | | | | |
| Click or tap here to enter text. | | | | |

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| **Section 8 – Details of Firearms and Ammunition** | |
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| **8.1 Storage of Firearm:** Include exact location where firearm will be stored & security measures in place to store firearms &/or ammunition. | |
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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **MAKE** | **MODEL** | **SERIAL**  **No.** | **FIREARM**  **CATEGORY** | **CALIBRE** | **DATE**  **ACQUIRED** | **TRANSFERRED**  **FROM** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | | **Calibre** | **Quantity** | |  |  | |  |  | |  |  |  |  |  |  | | --- | --- | --- | | **Ammunition** | **Calibre** | **Quantity** | |  |  | |  |  | |  |  | | |
| **8.2 \* Address & Location:** | Click or tap here to enter text. |
| **8.3 \* Manner in which firearms & ammunition will be stored:** | Click or tap here to enter text. |
| **8.4 \* Will anyone else have access:** | Click or tap here to enter text. |

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| **Section 9 – Proof of identity** |
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| **\*** Please be advised that you must provide proof of identification. Your signature will be matched to your signature on the proof of identity document provided. If they do not match, your request may be rejected.  Please note in some circumstances it may be necessary for us to request original identification documents. |

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| **Section 10 – Applicant Declaration & Signature** | | | |
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| **10.1 \* Declaration**  I hereby confirm that all information provided in this application form is true to the best of my knowledge and belief. I understand that it is a criminal offence to make a false declaration which may result in being prosecuted:  By signing this form I accept the terms and conditions. | | | |
| **Signature:** |  | **Date:** | Select date |
| \*\* You can sign this form physically with a pen or include a digital copy of your signature. This will then be matched to your signature on the proof of identity documents you have provided. If they do not match, your request may be rejected.  Warning - a person who impersonates or attempts to impersonate another may be guilty of an offence. | | | |

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| **Privacy Notice** |
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| The contents of this document will be processed in strict compliance with the Royal Gibraltar Police’s **Management of Police Information (MoPI) policy** which has been compiled in accordance with the provisions of the **Data Protection Act 2004 (DPA 2004)** and the **Gibraltar General Data Protection Regulations (Gib GDPR)**. The information provided within will be used to conduct searches of RGP systems to locate the information being requested.  For further information in relation to the Royal Gibraltar Police Privacy Policy please see below links:  <https://www.police.gi/privacy-policy>  <https://www.police.gi/special-category-personal-data>  Your details will be recorded within our vetting database for a period of 24 months from the date your application is processed. After this period, your application details, our response and any results sent to you will be deleted from our systems. |

**FOR OFFICE USE ONLY**

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| **Application** | | |
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| **Date/Time Allocated:** | | Click or tap here to enter text. |
| **Identification document(s) checked:** | | **Yes  No** |
| **Passport photo supplied:** | | **Yes  No** |
| **Clum Membership letter supplied:** |  | **Yes  No** |
| **Officer Processing:** | | Click or tap here to enter text. |
| **Officer Signature:** | | Click or tap here to enter text. |
| **Date:** | | Select date |
| **Application Approved:** | | **Yes  No** |
| **Remarks if any:** | | Click or tap here to enter text. |

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| **To be completed by RGP Finance Department** | | |
|  | | |
| **Account Receipt No.** | |  |
| **Amount Paid:** | |  |
| **Signature:** |  |  |
| **Date:** | |  |