



ST HELENA POLICE DIRECTORATE

FIREARM APPLICATION

CAP 138 SECTION 23(1)

Please use black ink and write in **BLOCK CAPITALS** throughout, except when signing. A continuation form is provided at page 6 if you wish to provide any further information.

Please read the notes that accompany this form carefully before completing this application form

I am applying for (tick all applicable boxes)

<input type="checkbox"/> Shot gun certificate	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Variation <input type="checkbox"/>
<input type="checkbox"/> Firearm certificate	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Variation <input type="checkbox"/>

Spear gun certificate	New <input type="checkbox"/>	Renewal <input type="checkbox"/>
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PART A: Personal details.

1. Gender: Male Female 2. Title:

3. Forenames:

4. Surname:

5. Change of name:

6. Age: Yrs 7. Date of Birth:
Day Month Year

8. Place of Birth: 9. Nationality:

10. Martial status: Single Partnered Married

11. Address:

12. Tel No: 13. Email:

15. Other persons occupying address

	Full name:	Age:	Date of Birth:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. Previous Address(es) last 5 years: Yes No

Tick as appropriate, if your answer is "yes" then please complete Part C.

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PART B: Employment details.

17. Occupation:

18. Employer:

19. Work address:

20. Tel No: 21. Email:

PART C: Previous home address(es) from the past five years.

22. Address 1:

From: To:

23. Address 2:

From: To:

24. Address 3:

From: To:

25. Address 4:

From: To:

26. Address 5:

From: To:

27. Address 6:

From: To:

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PART D: Personal health & medical declaration

28. Do you suffer from any medical conditions?

..... Tick as appropriate

Yes

(If yes give details)

No

29. Do you have any physical conditions / disabilities

..... Tick as appropriate

Yes

(If yes give details)

No

30. Have you ever received treatment for stress, depression or any other kind of Mental health condition? Tick as appropriate

Yes

(If yes give details)

No

31. Do you have any drug (includes alcohol) addiction or dependence?

..... Tick as appropriate

Yes

(If yes give details)

No

32. I give the Licensing Officer permission to contact my doctor and/or specialist to obtain his/her opinion as to whether or not there is a health condition that may affect my suitability to hold a Firearm Certificate. **This authority is valid for the life of the certificate(s).**

I understand that, on request, my doctor may share sensitive personal data with the Police concerning my physical & mental health for the purpose of enabling the Police to make a fully informed decision on my application & I hereby consent to this processing of my personal data.

33. Signature:

34. Date:

Applicant to sign here to confirm their consent

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PART E: Offences

35. Have you been convicted of any offence or received a written caution anywhere in the world? (regardless of the length of time since the conviction or caution or if you believe it has become spent or no longer needs to be declared). **WARNING:** if you are not sure if you have cautions/convictions, ask for a printout of your Police Background (including spent convictions) **before** you fill out this section.

Tick as appropriate

Yes

No

(If yes, give details of all convictions and/or formal cautions, binding overs and spent convictions, including those received outside St Helena).

Date	Court/Police	Offence & Sentence
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

36. Are you aware of any ongoing investigations involving yourself? Are there any pending criminal matters involving you?

Tick as appropriate, if "yes" then provide details below.

Yes

No

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PART F: Firearm certificate

37. Where was your last firearm certificate issued?

38. What is the expiry date?

39. What previous experience do you have with firearms?

40. Have you been refused or had a firearm certificate revoked in the past?

Tick as appropriate

Yes *(If yes, give details)*

No

41. What is your intention for having a firearm?

42. Where do you intend to shoot?

43. Do you have permission to shoot at that location(s)? *(Proof required)*

44. When was the last time you used your firearm?

45. How often on average within a year, do you use your firearm?

46. Have you familiarised yourself with the Firearms Ordinance?

Yes

No



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PART G (a): Details of firearms held (Owner)

47.	Type of Firearm	Calibre Metric/Imperial	Make e.g. Winchester	Serial No	Reason for firearm <i>E.g. Target Practice, Sport. Rifle Club</i>
1).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART G (b): Details of firearms held (Keeper)

48.	Type of Firearm	Calibre Metric/Imperial	Make e.g. Winchester	Serial No	Reason for firearm <i>E.g. Target Practice, Sport. Rifle Club</i>
1).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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PART G (b): Details of firearms held (Keeper) *continued*

4).					
5).					
Reason for being a keeper?					

PART G (c): Details of firearms held (User)

	Type of Firearm	Calibre Metric/Imperial	Make e.g. Winchester	Serial No	Reason for firearm <i>e.g. Target Practice, Sport. Rifle Club</i>
1).					
2).					
3).					
4).					
5).					
Reason for being a user?					



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PART H: FIREARM SECURITY

50. Where will the firearm be stored?

51. How is the firearm secured? *Give details below of security*

Gun Box

Cabinet

Clamp

Gun room

Other

52. Who lives at these premises?

53. Who has access to your firearm?

54. When transporting firearm, how will it be carried?

55. Where will your ammunition be stored?

56. What is the maximum amount of ammunition you would like to have at any one time?

57. How will you secure your ammunition?

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PART J: Referee 1

1. Title	<input type="text"/>
2. Surname	<input type="text"/>
3. Forename(s)	<input type="text"/>
4. Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>
Place of birth	<input type="text"/>
5. Occupation	<input type="text"/>
Employer	<input type="text"/>
6. Address	<input type="text"/>
7. Tel No. (H)	<input type="text"/>
8. Tel No. (W)	<input type="text"/>
9. In what capacity do you know the referee?	<input type="text"/>
10. How long has the referee known you?	<input type="text"/>

PART J: Referee 2

1. Title	<input type="text"/>
2. Surname	<input type="text"/>
3. Forename(s)	<input type="text"/>
4. Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>
Place of birth	<input type="text"/>
5. Occupation	<input type="text"/>
Employer	<input type="text"/>
6. Address	<input type="text"/>
7. Tel No. (H)	<input type="text"/>
8. Tel No. (W)	<input type="text"/>
9. In what capacity do you know the referee?	<input type="text"/>
10. How long has the referee known you?	<input type="text"/>

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PART K: Declaration

The information I have provided on this form is true. I understand that it is an offence to make any statement, which I know to be false, for the purpose of procuring the grant or renewal of a certificate, whether for myself or for another person. I am aware that the maximum penalty for the offence is six months' imprisonment and/or a fine.

Print Name:

Signature: Date:

If the applicant is under 18 years of age the following must be completed

Parent Guardian

Print Name:

Signature: Date: