

Firearms Act
(Act 1998-32)

FIRST SCHEDULE
FORM A

(Section 5(1))
(Regulation 2)

**APPLICATION FOR A LICENCE TO HAVE, USE OR
CARRY A FIREARM**

Place Passport
size Photograph
of Applicant
here

1. Full Name: (Mr./Mrs./Miss) _____
(If you have at any time used a name other than stated at 1 please give details - in the case of a married woman please state surname or surnames before marriage)

Other Names: _____
2. Date of Birth: _____
3. Place of Birth: _____
4. Nationality: _____
5. If applicant is not a citizen or permanent resident of Barbados, give details:-
 - (a) Date of arrival in Barbados: _____
 - (b) Purpose: _____
 - (c) Conditions of stay in Barbados: _____
 - (d) Passport No. and date of Issue: _____
6. Address: _____
Telephone Number: _____

**FIRST SCHEDULE - Cont'd
FORM A - Cont'd**

(If you have lived elsewhere than at the address given at 6 during the last 5 years

Please give details)

Previous Address: _____

Telephone Number: _____

7. Occupation: _____

8. Name and address of place of employment or business: _____

Telephone number: _____

Length of time employed there: _____

9. Have you now or ever had any form of mental disorder? Yes No
If "yes" give details

10. Have you ever been certified as being of unsound mind? Yes No

11. Do you suffer from habitual intoxication? Yes No

12. Are you an alcoholic? Yes No

13. Have you ever been convicted of any offence? Yes No

If "yes" give details

(you are required to disclose all information about any offence whether committed in Barbados or elsewhere)

14. Type of firearm this application refers to: _____

15. Reasons for this application: _____

16. Have you made any previous applications in Barbados? Yes No
If "yes" give year and results

17. Types and numbers of firearms now in your possession:

Calibre	Maker's Name	Type	Serial Number
1.			
2.			
3.			
4.			

18. Particulars of licences held: _____

19. Reasons for possession of firearm(s) listed at 17:

20. Previous experience with firearms: _____

21. Amount of ammunition in your possession at the date of this application:

Calibre	Quantity

22. The maximum amount of ammunition you wish to have in your possession at any time:

Calibre	Quantity

23. The maximum amount of ammunition to be purchased or required at any time:

Calibre	Quantity

24. Places at which the firearm is intended to be used:

25. Places at which the firearm(s) and the ammunition listed will be kept when not in use and the specific arrangements that have been made for their safe custody?

26. Referees:

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

27. Prescribed Fee _____

Paid _____

Serial No. of
Receipt _____

FORM A - Cont'd

I, _____, do swear that the information contained in the above form is true and correct to the best of my knowledge, information and belief.

Signature of applicant: _____ Date: _____

Sworn before me on the _____ day of

20____, at

Justice of the Peace

REPORT OF S.P.O. IN CHARGE