

Firearms Act  
(Act 1998-32)

FORM C

APPLICATION FOR A FIREARMS DEALERS,  
GUNSMITH OR COLLECTOR'S LICENCE

Note: Part A must be completed where an application is made by one individual wishing to conduct business as a gunsmith or firearms dealer or a collector. Part B and C must be completed where an application is made on behalf of a Company. In all cases Part D must be completed.

**PART A**

Place passport  
size  
photograph of  
applicant here

1. Full Name: (Mr./Mrs./Miss) \_\_\_\_\_  
(If you have at any time used a name other than that 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 of visit: \_\_\_\_\_

(c) Conditions of stay in Barbados: \_\_\_\_\_

(d) Passport No. and date of issue: \_\_\_\_\_

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6. Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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 ever had an application for the grant or renewal of any of the following licenses revoked or refused?

- |     |   |                                 |                                |
|-----|---|---------------------------------|--------------------------------|
| (a) | licence to have, carry or use a firearm | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| (b) | firearms dealer's licence               | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| (c) | gunsmith's licence                      | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| (d) | collector's licence                     | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

10. Have you ever been convicted of any offence?  
If "yes", give details. Yes No

\_\_\_\_\_  
\_\_\_\_\_

(You are required to disclose all information of any offence except offences expunged under the Criminal Records (Rehabilitation of Offenders) Act, Cap. 127 A whether committed in Barbados or elsewhere)



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PART C

- 19 Full Name: (Mr./Mrs./Miss) \_\_\_\_\_
- 20 Date of Birth: \_\_\_\_\_
- 21 Position held in company: \_\_\_\_\_
- 22 Length of time employed in that position: \_\_\_\_\_

PART D

- 23 Prescribed Fee \$ \_\_\_\_\_ Paid \_\_\_\_\_  
Ser No. of \_\_\_\_\_  
Receipt \_\_\_\_\_

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

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PART D – Cont'd

**FOR OFFICIAL USE ONLY**

Officer i/c

Division,

For enquiries and report

\_\_\_\_\_  
Commissioner of Police

\_\_\_\_\_  
Date

S.P.O. i/c

Station

For enquiries and report

Officer i/c

\_\_\_\_\_  
Division

\_\_\_\_\_  
Date

**REPORT OF S.P.O IN CHARGE**