



SAINT VINCENT AND THE GRENADINES

FIREARMS ACT 1995

(SECTION 3)

APPLICATION FORM

Part 1

APPLICATION # _____

To the Firearms Licensing Board

1. I HERE APPLY FOR A –			
<input checked="" type="checkbox"/> Licence to keep firearms and ammunition.			
<input type="checkbox"/> Licence to deal in firearms and ammunition.			
PLACE PHOTO ABOVE			
2. FULL NAME OF APPLICANT			
SURNAME		FIRST NAME	MIDDLE NAME
3. DATE AND PLACE OF BIRTH			
D.O.B (<i>dd/mm/yyyy</i>):		AGE (<i>at last birthday</i>)	
PLACE OF BIRTH		NATIONALITY	
4. ADDRESS			
STREET ADDRESS		APARTMENT/ BUILDING	
P.O. BOX	CITY	STATE/PROVINCE/REGION	
ZIP		COUNTRY	
CELL/MOBILE NUMBER	HOME NUMBER	WORK NUMBER	FAX NUMBER

5. OCCUPATION				
CURRENT EMPLOYER				POSITION
STREET ADDRESS				APARTMENT/BUILDING
P.O. BOX		CITY		STATE/PROVINCE/REGION
ZIP				COUNTRY
CELL/MOBILE NUMBER	OFFICE NUMBER(S)			FAX NUMBER
PREVIOUS EMPLOYER				POSITION
STREET ADDRESS				APARTMENT/BUILDING
P.O. BOX		CITY		STATE/PROVINCE/REGION
ZIP				COUNTRY
CELL/MOBILE NUMBER	OFFICE NUMBER(S)			FAX NUMBER
6. TYPE, CALIBRE AND AMOUNT OF FIREARMS AND AMMUNITION REQUIRED				
TYPE		MAKE		MODEL
SERIAL #		CALIBRE/ BORE		LENGTH OF BARREL
AMOUNT OF FIREARMS		AMOUNT OF AMMUNITION REQUIRED		
DESCRIPTION				
WHERE OBTAINED/ PURCHASED				
DATE OBTAINED				
7. REASONS FOR WISHING TO ACQUIRE AND KEEP THE FIREARMS AND AMMUNITION				
8. OTHER PARTICULARS OF APPLICATION				
PASSPORT#	IDENTIFICATION#		DRIVER'S LICENCE #	
HAVE YOU EVER APPLIED FOR A FIREARM LICENCE BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHEN				
ARE YOU THE HOLDER OF A FIREARM LICENCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, GIVE DETAILS OF SAME				
GIVE THE FOLLOWING INFORMATION OF TWO PERSONS NOT LIVING WITH YOU:				
NAME	ADDRESS		PHONE #	
HAVE YOU BEEN TO COURT FOR ANY CRIMINAL OFFENCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, GIVE DETAILS OF SAME				

Signature of Applicant

Date

Instructions for Completion of Application for Firearms User's Licence

General Instructions

1. Applicant must be twenty one (21) years or older.
2. Application forms must be completed in detail and signed.
3. Applicants must present the completed forms to Firearms Licensing Office, along with two (2) colour passport size photographs, bill of sale for the firearm and gun safe, driver's licence and identifying documents.
4. The information on the application form will be verified with the document produced.
5. Non-Vincentian applicants in addition to the above procedures, are required to produce a copy of their driver's licence and the first four (4) pages of their passport.
6. In the case where proof of firearm purchase cannot be obtained, a letter must be written stating where the firearm was purchased and how long the firearm was in your possession.
7. Payment must be made on receipt of invoice.

Applications must be sent to:

The Permanent Secretary
Ministry of National Security
4th Floor, Government Administrative Centre
Bay Street
Kingstown
St. Vincent and The Grenadines.
Tel: +1 784 457-1426
Fax: +1 784 457-2152
Email: nationalsecurity.svg@gmail.com

Applications must be copied to:

Commissioner of Police
Royal St. Vincent and The Grenadines Police Force
Police Headquarters
P.O. Box 835
Bay Street
Kingstown
St. Vincent and The Grenadines.
Tel: +1 784 456-2103
Fax: +1 784 456-2816
Email: svgpolice@gmail.com

Security and Technical Division
St. Vincent and The Grenadines Maritime Administration
8 avenue de Frontenex
CH - 1207 Geneva
Phone: (+41) 22 707 63 00
Fax: (+41) 22 707 63 50
E-mail: security@svg-marad.com
Emergency: (+41) 79 447 96 76