

FIREARM REMOVAL PERMIT APPLICATION FOR A FIREARM REMOVAL

Application for a Firearm Removal Permit Note: Section 14(1)(b) of the Firearms Act 1973

PART 1 (TO BE COMPLETED BY ALL APPLICANTS)									
Firearms Licence Number	PART I (TO BE COIVII	Expiry Date							
Name in Full		Ехрії ў Васе							
Address									
Address									
Date of Birth		Home Telephone							
		Home Telephone							
Cellular Number		Nork Telephone							
Occupation		Business Name							
Business Address									
Telephone		Fax Number							
Email									
Business Mailing Address									
		AMMUNITION DETAILS							
(Information of weapon seeking to remove)									
Make		Model							
Calibre		Serial Number of Weapon							
Quantity of Ammunition seeking removal from Bermuda									
Name of rifle club of which you are a member?									
QUES	TION 1 (FOR COMPL	PLETION BY ALL LICENSE HOLDERS)							
Name of country for removal									
Reason for removal									
Departure Date		Name of Airline/Flight Number							
Return Date		Name of Airline/Flight Number							
QUES	TION 2 (FOR COMPL	PLETION BY ALL LICENSE HOLDERS)							
Have you been convicted of a		Yes □ No □							
If yes, please provide details:									



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	QUESTIO	N 3 (FOR COMPLE	TION BY	ALL LICE	NSE HOLDERS)			
Are there any additional factors which may impact on your suitability to be authorized to remove a weapon from Bermuda under the Firearms Act 1973 e.g. relevant medical conditions/disability?			Yes □	No □				
If yes, please provide o	letails:							
		ct 1973 'It is an offence r himself or any other pe						
SIGNATURE								
Applicants Signature				Date				
			,		'			
FOR POLICE USE ONLY								
Remarks concerning ap	oplicant's suital	bility to removal:						
Commissioner of Poli	ce Signature:							
Date:				Time:				
		has been granted by the ount of \$100.00 per per n				and issued with the ues made payable to the		