

# APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM AND/OR SHOTGUN CERTIFICATE

**PLEASE READ THE NOTES CAREFULLY (PAGES 12-15) BEFORE COMPLETING THE APPLICATION FORM**

You may type your responses except where your signature is required. Otherwise, you must use black ink and write in **BLOCK CAPITALS** throughout, except when signing. A continuation sheet is provided at page 6 for further information.

I am applying for (tick each box which applies)

- **Firearm certificate**     Grant     Renewal
- **Shotgun certificate**     Grant     Renewal

Do you wish to apply for a shotgun certificate which will expire at the same time as your firearm certificate?     **Yes**     **No**

<p><b>PART A: Personal details.</b></p> <p>1. Gender        <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p>2. Title .....</p> <p>3. Surname .....</p> <p>4. Forenames (state all) .....</p> <p>5. If you have at any time used a name other than that given in answer to questions 3 and 4 please complete below:                  Previous surname(s) .....</p> <p>Previous forename(s) .....</p> <p>6. Home address .....</p> <p>.....</p> <p>a. Postcode .....</p> <p>b. Home tel number .....</p> <p>c. Mobile number .....</p> <p>d. Home E-mail .....</p> <p>Any previous home addresses in the last 5 years?  <input type="checkbox"/> Yes    <input type="checkbox"/> No (If yes please give details on page 2)</p> <p>7. Height .....</p> <p>8. Date of Birth .....</p> <p>a. Place of birth .....</p> <p>b. Nationality .....</p> <p>9. Occupation .....</p> <p>a. Work address .....</p> <p>.....</p> <p>b. Postcode .....</p> <p>c. Work tel number .....</p> <p>d. Work E-mail .....</p>	<p><b>PART B: Personal health &amp; medical declaration</b>  <b>If necessary, continue on page 7</b>  <b>Important: Read notes 4-14 before completion.</b></p> <p>10. Have you ever been diagnosed with or treated for any of the medical conditions in note 5?  <input type="checkbox"/> Yes (Please provide details)    <input type="checkbox"/> No</p> <p>.....</p> <p>11. Details of your GP or GP practice</p> <p>a. Name .....</p> <p>b. Address .....</p> <p>.....</p> <p>c. Postcode .....</p> <p>d. Tel number .....</p> <p>e. E-mail .....</p> <p>12. Details of all previous GP practices during the past 10 years (see note 12). Continue on page 6 if necessary.</p> <p>a. Name .....</p> <p>b. Address .....</p> <p>.....</p> <p>c. Postcode .....</p> <p>d. Tel number .....</p> <p>e. E-mail .....</p> <p>Are there any periods in the past 10 years when you have not been registered with a UK GP or have consulted medical practitioners other than at your GP practice?  <input type="checkbox"/> Yes (Please provide details on continuation page)    <input type="checkbox"/> No</p>
--	--

**Duty of confidentiality** I will arrange for a suitably qualified GMC-registered doctor\* to provide factual information to the police about any relevant medical conditions related to my suitability to possess a firearm or shotgun. I understand that the doctor may share my medical records with the police to enable them to make a fully informed decision on my application, or on my continued suitability to possess a firearm or shotgun while the certificate remains valid, and I consent to this sharing of my medical records for confidentiality purposes. I understand that I am expected to inform the police if I am diagnosed with, or treated for, a medical condition listed in note 6 while the certificate remains valid.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

Applicant's name (BLOCK CAPITALS)

Signature

Date

**Note on Data Protection** Personal data (including sensitive personal data) will be processed on a public interest basis, for the purpose of allowing the police to assess the suitability of an applicant to be granted a firearm or shotgun certificate, or to assess the applicant's continued suitability to possess a firearm or shotgun while the certificate remains valid.

**PART C: Offences**

**Important: Please read notes 15 and 16 before completion**

13. Have you been convicted of any offence (including speeding but not including parking offences or fixed penalty notices) or received a written caution?

Yes                       No

If yes, give details of all convictions and/or formal written police cautions, bindovers and spent convictions, including those received outside Great Britain.

Date	Offence
.....	.....
.....	.....
.....	.....
.....	.....

**Previous home address(es) from the past five years:**

**Address 1**

.....  
 .....  
 ..... Postcode .....

From ..... To .....

**Address 2**

.....  
 .....  
 ..... Postcode .....

From ..... To .....

**Address 3**

.....  
 .....  
 ..... Postcode .....

From ..... To .....







**CONTINUATION SHEET**

**Please use this space for any additional information relating to parts A-E of this form:**

# DECLARATION

I hereby apply for a

- Firearm certificate**
                 
  **Shotgun certificate**

The information I have provided on this form is true and I understand that it is an offence under section 28A(7) of the Firearms Act 1968 to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, the maximum penalty for which is six months’ imprisonment and/or a fine. I understand that I will be subject to a check of police records and that my details will be held electronically.

I understand that if I do not provide the required information my application cannot be processed and will be refused.

I understand that I am expected to inform the police if I am diagnosed with, or treated for, a medical condition listed in note 5 while the certificate remains valid.

Data Protection

I understand that all information submitted will be handled in accordance with the Data Protection Act 2018 and the Freedom of Information Act 2000 and connected legislation. I understand that information contained within my application form or obtained in the course of deciding the application may be shared with: my doctor, other government departments, regulatory bodies or enforcement agencies in the course of deciding the application or in pursuance of maintaining public safety or the peace.

Note: Any information shared will be shared in accordance with data sharing protocols. The police do not share your personal details with other applicants or members of the public and treat information in connection with the application in confidence, but individuals should be aware that the police may disclose some information in accordance with the legislation referred to above.

Your personal data will be processed by the police force to which you apply in line with Part 3 of the Data Protection Act 2018 and as set out in the force’s Privacy Information Notice.

- |   |   |
|---|---|
| <input type="checkbox"/> I have provided details of the referee/s | <input type="checkbox"/> I have enclosed the fee        |
| <input type="checkbox"/> I have read the Notes (pages 12-15)      | <input type="checkbox"/> I have enclosed one photograph |

Signature: .....

Print name: .....

Date: .....

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

- Parent**      or       **Guardian**

Signature: .....

Print name: .....

Date: .....



**APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM AND/OR SHOTGUN CERTIFICATE**

**PART F: Referee details for firearm and/or shotgun certificates. Please type or write in BLOCK CAPITALS. See notes 1 and 2.**

**Please give details of a suitable person who has agreed to act as a referee for you.**

1. Title .....

2. Surname .....

2a. Forename(s) .....

3. Previous name(s) that you are aware the referee has been known by .....

4. a. Date of birth .....

b. Place of birth .....

5. Occupation .....

6. Home address .....

.....

..... Postcode .....

7. Home telephone number .....

a. Work telephone number .....

b. Mobile number .....

c. Home e-mail .....

d. Work e-mail .....

8. In what capacity do you know the referee? .....

9. How long has the referee known you? .....

# APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM CERTIFICATE

## **PART G: Second referee details. Please type or write in BLOCK CAPITALS**

A second referee is ONLY required for a firearm certificate. See notes 1 and 2

Please give details of a suitable person who has agreed to act as a referee for you.

1. Title .....
2. Surname .....
- 2a. Forename(s) .....
3. Previous name(s) that you are aware the referee has been known by .....
4. a. Date of birth .....
- b. Place of birth .....
5. Occupation .....
6. Home address .....
- .....
- .....Postcode.....
7. Home telephone number .....
- a. Work telephone number .....
- b. Mobile number .....
- c. Home e-mail .....
- d. Work e-mail .....
8. In what capacity do you know the referee? .....
9. How long has the referee known you? .....

This page is left blank to allow the equality information to be detached from the rest of the application.

**PART H: Equality (Please tick the appropriate boxes)**

**EQUALITY INFORMATION**

1.  I would prefer not to answer any of the following questions.

**2. Do you have a disability?**

- Yes       No  
 Prefer not to say

**3. What is your ethnic group?**

**A. White**

- English  
 Welsh  
 Scottish  
 Northern Irish  
 British  
 Irish  
 Gypsy or Irish Traveller  
 Any other white background, write in:  
 .....

**B. Mixed/multiple ethnic groups**

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other mixed/multiple ethnic background, write in:  
 .....

**C. Asian or Asian British**

- Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other Asian background, write in:  
 .....

**D. Black/African/Caribbean/Black British**

- African  
 Caribbean  
 Any other Black/African/Caribbean background, write in:  
 .....

**E. Other ethnic group**

- Arab  
 Any other ethnic group, write in:  
 .....

**F.  Prefer not to say**

**4. Gender**

- Male       Female  
 Prefer not to say

**5. What is your age group?**

Age group	Tick
66 and above	<input type="checkbox"/>
61-65	<input type="checkbox"/>
56-60	<input type="checkbox"/>
51-55	<input type="checkbox"/>
46-50	<input type="checkbox"/>
41-45	<input type="checkbox"/>
36-40	<input type="checkbox"/>
31-35	<input type="checkbox"/>
26-30	<input type="checkbox"/>
21-25	<input type="checkbox"/>
18-20	<input type="checkbox"/>
Under 18	<input type="checkbox"/>

Prefer not to say

## NOTES

Please read these **BEFORE** completing the form

You must complete all parts of the form for the type of certificate for which you are applying. For electronic applications, each data field must be completed.

**FIREARM:** Section 1 of the Firearms Act 1968 (as amended) applies to all firearms except:

- i. a shotgun;
- ii. an air weapon (unless declared 'specially dangerous');
- iii. prohibited weapons such as centre fire self-loading rifles, handguns, machine guns etc (unless specifically authorised).

**SHOTGUN:** Section 1(3)a of the Firearms Act 1968 (as amended) defines a shotgun as:

- i. a smooth bore gun (not being an air weapon);
- ii. having a barrel not less than 24" (60.96cm) in length and a bore not exceeding 2" (5.08cm) in diameter;
- iii. either having no magazine, or a non-detachable magazine incapable of holding more than two cartridges;
- iv. not a revolver gun.

### Referees

1. When applying for a **firearm certificate**, you should have gained the permission of two people who have agreed to act as referees for you. You must complete Parts F and G with their details. When applying for a **shotgun certificate** you should have gained the permission of one person to act as a referee for you. You must complete part F with their details.
2. The referee(s) who have agreed to act for you must have known you personally for at least two years and must be resident in Great Britain. A referee must not be a member of your immediate family, a registered firearms dealer, a serving police officer, a police employee, a Police and Crime Commissioner or a member of their staff, or a member of, or a member of staff of, the Scottish Police Authority. Referees must be of good character and any references they agree to provide must be given freely and not on payment.

### Coterminous applications

3. To apply for both a **firearm certificate** and a **shotgun certificate** and to have them expire at the same time (coterminous certificates) you should complete the sections for firearm and shotgun certificates. The fee payable for such certificates may be less than the normal fee for the grant or renewal of a shotgun certificate if both of your applications are dealt with at the same time.

### Medical information

4. You must disclose any relevant physical or mental health conditions that you have been diagnosed with or treated for in the past as this may affect your ability to safely possess and use a firearm or shotgun. Relevant medical conditions which must be disclosed are listed in note 5. Sections 27 and 28 of the Firearms Act 1968 (as amended) specify that in order to issue a firearm or shotgun certificate the chief officer of police must be satisfied that an applicant can be permitted to possess a gun 'without danger to the public safety or the peace'. Medical fitness is one of the factors police must consider when assessing a person's suitability.

5. Relevant medical conditions which must be disclosed are:
- Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder
  - Suicidal thoughts or self harm or harm to others
  - Depression or anxiety
  - Dementia
  - Mania, bipolar disorder or a psychotic illness
  - A personality disorder
  - A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
  - Alcohol or drug abuse
  - Any other mental or physical condition, or combination of conditions, which you think may be relevant.

If in doubt, consult your doctor or contact the police firearms licensing department.

6. It is your responsibility to arrange for your GP or another suitably qualified GMC-registered doctor\* (including where a doctor is providing this service for a private company) to provide medical information to the police concerning your suitability to possess a firearm and/or shotgun. Please use the doctor's letter and medical information proforma which is part of this document, detach and pass to the doctor for completion. You are expected to meet the cost if a fee is charged for this. When the medical information is being provided to the police by a doctor from a private company, the doctor must receive the applicant's medical information direct from the GP practice and not via the applicant.
7. With regards to data protection, it should be noted that the medical information will be processed on a public interest basis for the legitimate policing purpose of assessing the suitability of someone to be granted a firearm or shotgun certificate.
8. Medical practitioners have separately requested that an applicant's consent is provided in order for medical practitioners to be satisfied that they have discharged their obligations under their duty of confidentiality in relation to their patients. The application form requests the applicant's consent for the release of the information for that reason.
9. Where the doctor indicates that there are relevant medical issues and police require further medical information to consider the application, you should obtain a report about these medical issues. You are expected to meet the cost of a fee if it is charged. Following this, if police require an additional report to be provided they will meet the cost of the fee charged.
10. The police will ask your GP to place an encoded reminder on your patient record to indicate that you have been issued with a firearm or shotgun certificate. The GP is asked to notify the police if, following issue of the certificate, you are diagnosed with or treated for a relevant medical condition (listed in note 5), or if the GP has other concerns about your possession of a certificate that might affect your safe possession of firearms. Following contact from your GP there may be a need for a medical report to be obtained to assist with assessment of your continued suitability to possess a firearm or shotgun certificate. The police will pay if a medical report is required.
11. Following the issue of a firearm or shotgun certificate please note that the declaration you have signed consenting to information sharing between your doctor and police applies during the application process and during the validity of any firearm or shotgun certificate, which may be up to five years.
12. You are expected to inform the police if, following issue of the certificate, you are diagnosed with or treated for a relevant medical condition while the certificate remains valid.

13. You should inform the police if you change your GP practice and provide contact details for the new practice.
14. You are asked to provide details of GP practices over the past 10 years and whether you have consulted medical practitioners other than at your GP practice so that all relevant information is available to police to assist with their assessment of suitability to possess a firearm certificate. Military personnel who are posted abroad and have a service GP may still be regarded as resident in the UK for the purposes of the application.

#### Convictions and offences

15. You must not withhold information about **any conviction**. This includes motoring offences (including speeding offences), bindovers, formal written cautions and convictions in and outside Great Britain, and (by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975) convictions which are spent under the 1974 Act. A conditional discharge and an absolute discharge both count as convictions for this purpose. Details of parking offences and fixed penalty notices do not need to be declared.
16. Section 21 of the Firearms Act 1968 places restrictions on the possession of firearms and ammunition by those previously convicted of crime. A person receiving a sentence of imprisonment of three months or more is prohibited from possessing a firearm, shotgun, antique firearm, air weapon or ammunition for five years from the date of their release. In the case of a suspended sentence the prohibition applies from the second day after being sentenced. If the sentence is three years or more the prohibition applies for life unless lifted by the Crown (or Sheriff) Court.

#### Inspection of premises

17. Please allow the police to inspect your guns and security when requested as in the absence of a warrant consent is required for the police to inspect premises.

#### Photograph

18. A digital photograph must be used for online applications. Paper applications must be accompanied by one photograph. Ordinary passport-style photographs (45mm high x 35mm wide) are suitable for this purpose. Photographs must be of a professional standard, against a plain cream or grey background and without other objects or people in the background and (if printed) must be on good quality gloss or matt paper. The photograph must be a true likeness and full face without a head covering (unless it is worn for religious or medical reasons). In your photograph you must be looking straight at the camera, have a neutral expression, with your eyes open and mouth closed. You must not wear sunglasses or tinted glasses, and the photographs must not have any 'red eye.'

#### Equality monitoring

19. The equality monitoring information you provide in Part H aims to assist the force in meeting its duties as a Public Authority. The information will be kept separately from the application.

#### Submission of application

20. The receipt for electronic applications, where these are available, will be automatically generated by the system. For hard copy applications, unless advised otherwise by the police, you should post or take the completed form together with the fee and photograph to the police firearms licensing department. In the case of an application for renewal, a signed and dated recent copy of the certificate to be renewed should be sent to police when you submit your application. If an application is being made for a variation the certificate to be varied must be included with your application. (You may wish to keep a copy of the certificate.)

## Section 1 Firearms Only

21. To acquire or possess firearms or ammunition under section 1 of the Firearms Act 1968, you have to provide evidence that you have a **good reason** to do so. This applies to the grant, renewal or variation of a firearm certificate. This evidence can take several forms: permission to shoot over land or membership of a target shooting club, or a booking or invitation to go deer stalking are examples, but these are not exhaustive.
22. Please provide the address of one area of land where you have permission to shoot, together with the name, address and telephone number of the person who has given you that permission or the details of a Home Office approved club of which you are a full member.  
**NB:** You will not necessarily be limited to shooting over that individual piece of land or at that club.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.



This page is left blank to allow the doctor's letter and medical information proforma to be detached from the rest of the application.

Doctor's Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Post Code: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Dear Doctor,

I am applying for a firearm certificate/shotgun certificate/to be registered as a firearms dealer.

### **Firearms applications and medical fitness**

The police assess firearms applications and require all applicants to provide factual information from a doctor confirming whether they have ever been diagnosed with or treated for any of the following conditions, which can have a bearing on whether a person is suitable to be granted a firearm certificate:

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder
- Suicidal thoughts or self-harm or harm to others
- Depression or anxiety
- Dementia
- Mania, bipolar disorder or a psychotic illness, or a personality disorder
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
- Alcohol or drug abuse
- Any other mental or physical condition, or combination of conditions, which you think may be relevant.

Please note that the police are not seeking your opinion on my suitability to hold a firearm certificate, as the responsibility for this decision lies with the police. They require only a factual response, from a suitably qualified GMC-registered doctor\* based on my medical record.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

### **Information requested from a GMC-registered doctor**

If there is a history of any of the relevant medical conditions listed, please can the response include the following:

1. Name of medical condition
2. Duration of medical condition
3. Medication prescribed

Please note that only information about any relevant medical condition(s) should be provided. A print out of my medical history is therefore not acceptable for this purpose.

## **Doctors' fees**

Should a fee be payable, please forward an invoice to my home address. I understand that the information will not be provided until the fee, if any, has been paid.

## **How to respond**

Your response should be sent to the local police firearms licensing department by secured NHS email, or sent by post. Alternatively, please contact me so that I can collect it. If the response is given to me to supply to the police they may contact you to confirm the details.

When the medical information is being provided to the police by a doctor from a private company, the doctor must receive the applicant's medical information direct from the GP practice and not via the applicant.

Once the police have considered your response, they may wish to see a medical report about any relevant medical conditions I have experienced so that they can give further consideration to my application. I will be liable for the medical fees to provide a report.

## **Firearms marker**

Please put a 'firearm application made' flag on the patient record. If I am granted a firearm certificate the police will contact you to ask you to place a 'firearm certificate held' flag on my patient record. This is so that the police can be alerted if I begin to experience any of the relevant medical conditions listed while the firearm certificate remains valid. The police will then review my suitability to continue as a firearm certificate holder.

## **Further information**

If you need any further information, please telephone or email the local police firearms licensing department.

Thank you for your assistance.

Yours sincerely,

\_\_\_\_\_  
Applicant signature

## **CONSENT**

I understand that a doctor may share sensitive personal data with the police concerning my physical and mental health to enable the police to make a decision on my application, or on my continued suitability to possess a firearm certificate, and I hereby consent to this processing of my personal data.

I understand that the police will process the medical information supplied on a public interest basis for the legitimate policing purpose of assessing the suitability of someone to be granted a firearm or shotgun certificate.

I understand that medical practitioners have requested that my consent is provided in respect of their duty of confidentiality to allow doctors to provide information to the police, who will then process the data as described above.

I understand the police may contact my doctor or medical specialist to obtain factual details of any medical history in relation to my suitability to possess a firearm or shotgun. This applies for the life of the certificate.

## Firearms Licensing

### Medical Information Proforma

This form must not be amended after completion by the doctor\*. The Firearms Act 1968 specifies that it is an offence to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, with a maximum penalty of six months' imprisonment and/or a fine.

#### PATIENT DETAILS

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### MEDICAL INFORMATION: To be completed by doctor\*

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

Please check the patient's medical record for any history of the following and tick those that apply. Where any apply, please add further details overleaf which can be limited to a statement of fact and not an opinion.

Have you had access to the patient's full medical record to complete this report? Yes  No

Is the medical record continuous? Yes  No

Have you placed a 'firearm application made' flag on the patient record? Yes  No

DATE RECORDS BEGIN: \_\_\_\_\_ DATE OF LAST CONSULTATION: \_\_\_\_\_

Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	A personality disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal thoughts or self-harm or harm to others	Yes <input type="checkbox"/> No <input type="checkbox"/>	A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depression or anxiety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol or drug abuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dementia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other mental or physical condition, or combination of conditions, which may affect the safe possession of firearms or shotguns.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mania, bipolar disorder or a psychotic illness	Yes <input type="checkbox"/> No <input type="checkbox"/>		

PLEASE SIGN OVERLEAF. PLEASE PROVIDE FURTHER INFORMATION IF YOU HAVE TICKED YES TO ANY OF THE ABOVE QUESTIONS.

**CONFIDENTIAL – MEDICAL (when complete)**

Patient Name:

Date of birth:

What is the medical condition or medical conditions?

How long has the patient been treated for this condition?

Is the patient still being treated for this?

Details of medication prescribed

Have there been any previous episodes of this?

What is the patient's current condition?

Do you have any other information you believe may be relevant to the police in determining whether the patient is safe to possess firearms?

Name of doctor: \_\_\_\_\_

Practice stamp:

Signature of doctor: \_\_\_\_\_

GMC Number: \_\_\_\_\_

Date: \_\_\_\_\_

