



APPLICATION FOR THE GRANT/ RENEWAL/ VARIATION OF
SHOTGUN / FIREARMS CERTIFICATE

(Please use BLOCK LETTERS except when signing)

(Please read NOTES section before completing this form)

(Please continue on a separate sheet if required)

Part A- To be completed by all applicants

Title (Mr. MRS. Miss or other):.....

Surname:.....

Forenames (please state all):.....

Date of Birth:.....

Place of Birth:.....

Nationality:.....

Residential Address:.....

.....

.....Post Code:.....

Home telephone number:.....

Mobile telephone number:.....

E-mail:.....

Occupation:.....

Have you been convicted of any offences (not including parking or fixed penalty notices) or received a written caution? (please delete as applicable) **YES / NO**

If YES give details (including those received outside of Sark)

.....

.....

.....

.....

Details of your GP or GP Practice

Name:.....

Address:.....

.....

Telephone number:.....

Details of all previous GP Practices during the past 10 years

Name:.....

Address:.....

.....

Telephone number:.....

I give Sark Law Enforcement permission to contact my GP to obtain factual details of any medical history in relation to my suitability to possess a firearm and/or shotgun certificate. This authority is valid for the life of the certificate(s). I understand that my GP may share sensitive personal data with the Law Enforcement concerning my physical and mental health for the purpose of enabling them to make a fully informed decision on my application or continued suitability, and I hereby consent to this processing of my personal data.

Applicant name (please print).....

Applicant signature:.....

Date:.....

Are you a member of a shooting club? (please delete as applicable) **YES / NO**

If YES give details:.....

.....

.....

Reasons for requiring each of the shotguns/firearms and the ammunition specified:.....

.....

.....

.....

.....

Where do you intend to use each of the shotguns/firearms specified?.....

.....

.....

.....

Where, if a shotgun/firearm certificate is issued or renewed, will each of the shotguns/firearms and the ammunition specified be kept when not in use and what arrangements have been made for their safe custody?

.....

.....

.....

.....

Shotgun(s)/Firearm(s)

Details of shotgun(s)/firearm(s) possessed at the date of this application. If none, write 'NONE' here.....

Calibre	Makers name	Type (Rifle, Revolver etc)	Serial No.

Details of shotgun(s)/ firearm(s) desired to be purchased or acquired.

Calibre	Makers name	Type (Rifle, Revolver etc)	Serial NO.

Ammunition (including ammunition for all shotguns/ firearm(s) listed above)

	Quantity	Calibre	Quantity	Calibre	Quantity	Calibre
Amount possessed						
Amount desired to be possessed						
Amount desires to be purchased at any one time						

Part B- To be completed in respect of applications for the GRANT of a shotgun/firearm certificate

Details of issuer of any previous firearm and/or shotgun certificates held

If non, write NONE here.....

Place of issue:.....

Date of issue:.....

Number:.....

Have you at any time had an application for the grant or renewal of a firearm or shotgun certificate refused? (please delete as applicable) **YES / NO**

If YES give details:.....

If at any time you have used a name or names other than those quoted at above, give details (including surname before marriage).....

.....

List all previous residential addresses from the past five years (include dates).....

.....

.....

.....

REFEREE DETAILS

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

Title (I. MRS. Miss or other):.....

Surname:.....

Forenames (please state all):.....

Date of Birth:.....

Place of Birth:.....

Residential Address:.....

.....

.....Post Code:.....

Home telephone number:.....

Mobile telephone number:.....

E-mail:.....

Occupation:.....

In what capacity do you know the referee:.....

How long has the referee been known to you:.....

The referee who has agreed to act for you must have known you personally for at least two years and must be a resident of Sark. A referee must not be a member of your immediate family, a registered firearms dealer, a serving Law Enforcement Officer or Law Enforcement employee. Referees must be of good character and any references they agreed to provide must be given freely and not on payment.

Part C- For applications for RENEWAL or VARIATION only

Details of shotgun/firearm certificate to be renewed or varied

Number:.....

Date of issue:.....

Part D- To be completed by all applicants

COMPULSORY THIRD PARTY INSURANCE

Name of insurance company:.....

Policy number:.....

Amount of indemnity:.....

I hereby apply to the Constable at Sark Law Enforcement for (please delete as applicable)

A shotgun/firearm certificate

The renewal of the shotgun/firearm certificate specified

The variation of the shotgun/firearm certificate specified

In respect of shotgun(s)/firearm(s) and ammunition and for the reasons specified.

I declare that the statements made on this form are true.

Applicants signature:.....

Date:.....

Your personal information will be processed in accordance with Data Protection legislation

For Official Use

Security inspection required: YES / NO Date of inspection:.....

Fee paid £.....Grant/renewal/variation

Approved / Refused

Reasons for refusal:.....

Additional conditions:.....

Notes:.....

.....

Signed:.....

Constable name and number:.....

NOTES

1. It is an offence under section 1 of The Firearms (Sark) Law, 2001 for a person to have in his possession, or to purchase or acquire a shotgun or ammunition to which that section applies (see note 2) without holding a shotgun certificate.
2. A shotgun certificate is issued at the discretion of the Constable of Sark. Before agreeing to grant the certificate, the Constable has to be satisfied that the applicant can be permitted to possess a shotgun without danger to public safety or to the peace.
3. Section 27 of The Firearms (Sark) Law, 2001 requires the user of any firearm to be insured against third party liability in an amount of at least £1,000,000. Proof of existence of such a policy must accompany this application. It is an offence to make a false statement to obtain such a policy of insurance.
4. If a certificate is granted it will be subject to the following conditions.
 - (i) The holder must on receipt of this certificate sign it in ink with his/her usual signature.
 - (ii) The shotgun and ammunition to which this certificate relates must at all times when not in actual use be kept in a secure place with a view to preventing access to them by unauthorised persons.
 - (iii) The holder of this certificate must inform at once the Constable of the theft or loss of any shotgun to which this certificate relates.
 - (iv) The holder must, without undue delay, inform the Constable of any change in his/her permanent address. It is an offence to fail to comply with the conditions of a shotgun certificate.

NOTES ON COMPLETING THE FORM

- A. It is an offence for any person to make any statement which he knows to be false for the purpose of procuring either for himself or for another person the grant, renewal or variation of a shotgun certificate.
- B. If you are applying for the grant of a shotgun certificate complete sections A, B and D of the form. If applying for renewal or variation complete sections A, C and D.
- C. When answering the question regarding the reasons requiring a firearm, please state if it is for sporting purposes, pest control, target shooting, or any other purpose, and give details in each case.
- D. Unless otherwise advised by the Constable, take this completed form to the Constables Office with the appropriate fee and proof of insurance.
- E. Relevant medical conditions which must be disclosed include, for example:
 - Acute Stress Reaction or and acute reaction to stress caused by trauma
 - Suicidal thoughts or self-harm
 - 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 disease or epilepsy
 - Alcohol or drug related abuse
 - Or any other condition, mental or physical, which might affect your safe possession of shotguns. If in any doubt, consult your GP.