

STATES OF ALDERNEY

WEAPONS CERTIFICATE APPLICATION

The Dangerous Weapons (Alderney) Ordinance, 1965
States of Alderney Policy & Finance Committee



Please use BLOCK CAPITALS when completing this form.

Applicants title and Surname Christian or Forenames in full Full Postal Address	<table style="width: 100%;"> <tr> <td style="width: 30%;">Mr, Mrs, Miss or Title</td> <td>Surname (please list all other surnames you have ever used including Maiden Name)</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="width: 60%;">Post Code</td> <td>Telephone No.</td> </tr> <tr> <td colspan="2">Email:</td> </tr> </table>	Mr, Mrs, Miss or Title	Surname (please list all other surnames you have ever used including Maiden Name)							Post Code	Telephone No.	Email:		Date of Birth <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> / / </div> Place of Birth <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
Mr, Mrs, Miss or Title	Surname (please list all other surnames you have ever used including Maiden Name)													
Post Code	Telephone No.													
Email:														

First application YES / NO Renewal YES / NO Additional Weapon YES / NO Additional Ammunition YES / NO

Have you ever been convicted of any offence other than minor traffic offences? YES / NO

If YES please give details (provide extra sheet if necessary)

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If Renewal Previous certificate no.....Date of expiry

Details of Weapon(s)

Calibre	Maker's Name (including Model)	Type (Single, Double, O/U etc.)	Serial Number

Please give full description of ammunition applied for and including the calibre and the amount for each weapon

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Please give a full reasons for obtaining or using the described weapons and / or ammunition

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Full name and address of any registered Firearms Club that you are a member of, with your membership number

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Details of Weapon(s) being acquired

Calibre	Maker's Name (including Model)	Type (Single, Double, O/U etc.)	Serial Number

Name and address of supplier or present owner

Name.		
Address.		
	Post Code.	Telephone No.

Date of Import:

Method of import:

I certify that the information given by me is true.

I understand that it is an offence under section3(2) of the Law knowingly to furnish any information which is false in a material particular and that if I do so, either in this form or otherwise in connection with this application, I may be prosecuted and / or the application may be refused and/or any permit issued in consequence of it may be revoked.

I consent for the purpose of the Data Protection (Bailiwick of Guernsey) Law 2001 and of any other enactment for the time being in force, to the disclosure in connection with this application of any information about my antecedent history, including any criminal record, held by or under the authority of the Chief Officer of the Police of the Guernsey, to the Committee and its officers and servants.

Dated..... Signed.....

Condition to be applied to a form of Weapons Certificate. The holder is required at all time to take adequate precautions to secure the weapon(s) concerned.

Please enclose the appropriate fees (First weapon £45.00 (on every renewal) / Additional weapons £15.00 each)

FOR OFFICE USE ONLY

Observations.....

Approved / Refused..... Date.....

Certificate No..... Signed.....