STATES OF ALDERNEY
APPLICATION TO IMPORT/EXPORT DANGEROUS WEAPONS

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

1. Consignee	*2. Exporter*

3. Description of items	*Serial Number*

4. Quantity of items and weight (if applicable)	*5. Mode of transport (e.g. by freight ship; by private or chartered boat; by private or commercial plane)*
6. Weapons Certificate Number	*7. Date of Expiry of Weapons Certificate*
8. Date of issue of Licence	*9. Period Licence valid*
10. Applicant Signature	*11. Date*
10. Issuing Authority States of Alderney PO Box 1001 ALDERNEY Channel Islands GY9 3AA	*12.Approved / NOT Approved* *Date:*