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:

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