



STATES OF JERSEY POLICE
FIREARMS (JERSEY) LAW 2000
APPLICATION FOR TEMPORARY FIREARM PERMIT

THIS SECTION FOR OFFICIAL USE ONLY

PID No:

Permit No:

PLEASE COMPLETE ALL AREAS IN BLOCK CAPITALS - (giving MINIMUM of 30 days notice of arrival)

PERSONAL INFORMATION

Surname:

Title: (Mr, Mrs, Miss):

First Names:

Date of Birth:

Place of Birth:

Address:

Postcode:

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Home Telephone No:

Work Tel. No :

Email address:

Mobile No:

Occupation:

Date of Arrival:

Date of Departure:

Flight/Ferry Details:

Port Departing From:

Name of Shooting Club in Jersey:

Accommodation Address in Jersey:

FIREARM DETAILS

Firearm details: **(If more than one, please tick box & continue on a separate sheet)**

Calibre:

Make:

Model:

Type:

Serial Number:

(Type of firearm should be one of the following: Self-loading Rifle, Bolt Action Rifle, Single Shot Rifle, Self-loading Shotgun, Pump-Action Shotgun, Over/Under Shotgun, Side/Side Shotgun, Single Barrel Shotgun, Self-loading Pistol, Single Shot Pistol, Revolver, Air Rifle, Air Pistol, Muzzle Loading Rifle, Sound Moderator or Component Part.)

Amount & calibre of ammunition required:

(Air gun pellets and Shotgun rounds not applicable)

Please state where / how you plan to store your firearms while in Jersey:

Details of U.K. or other Firearms/ Shotgun Certificate

(Copy of entire Certificate to be attached)

Number:

Issuing Authority:

Expiry Date:

Since the Certificate was issued or renewed have you been;

a) Convicted of any criminal offence b) Or have any impending prosecutions.

Which would have a bearing on your suitability to hold a Jersey Temporary Firearms Permit.

If YES give details below or continue on a separate sheet if necessary. If None state 'NONE'.

I hereby declare that the information I have given is true and I give my consent for the Police to check for the existence and content of any criminal record, including any other relevant information that may be held, in order to verify my suitability to be issued with a temporary permit under the Firearms (Jersey) Law 2000.

Signature:

Date:

Completed application forms should be returned to the following address: -

**Central Firearms Index,
States of Jersey Police,
PO Box 789,
St Helier,
Jersey. JE2 3ZA**

Tel: 01534 612380 Fax 01534 612383