



## Republic of Guyana

# APPLICATION FOR FIREARM LICENCE BY A COMPANY

**INSTRUCTION:** Please complete application in **CAPITAL LETTERS**.

Failure to complete all sections will affect processing of the application.

If you need more space for any section, print an additional page containing the appropriate section, complete and submit with the application.

Name of Company:		
Type of Company/Sector:		
Name of Company Secretary or Authorized Representative:		
_____	_____	_____
First Name	Middle Name	Last Name
Name of Head of Security:		
_____	_____	_____
First Name	Middle Name	Last Name

FOR OFFICIAL USE ONLY		
<b>Police Division:</b> _____	<b>Date:</b> ____/____/____ yyyy/mm/dd	<b>Form Number:</b> _____

Applicants are required to submit two (2) recent passport size photographs of the intended licensee(s) along with the following documents to facilitate processing of the application:

**DOCUMENTS REQUIRED** (Copies and original for verification, where applicable)

1. Copy of Articles/Certificate of Incorporation/ Business Registration
2. Guyana Revenue Authority (GRA) liability statement
3. Forestry, mining or other permits (if applicable)
4. Business Financial Statement
5. Copy of Last Annual Return
6. Title/Lease/Transport to land/property (if applicable)
7. Identification Card or passport of Company Secretary or Authorized Representative
8. Visa/Work Permit, Naturalization or Registration Certificate for intended licensee(s) (if applicable)
9. Proof of Supernumerary status
10. List of Supernumerary constables
11. Security Plan
12. Contracts for Services provided (if applicable)

**PROCESSING FEE**

All successful applicants are required to pay a processing fee. The fee structure is as follows:

**PS: The fees are subjected to change.**

- Shotgun                                 \$ 2,500
- Handgun (pistol)                     \$12,500
- Rifle                                       \$20,000

### Application Process for a Firearm Licence

The process from application to final approval or rejection for a firearm licence is as follows:

1. The applicant completes the Firearm Licence Application Form, and submits along with a Medical Report for Firearm Licence, and the required documentation to **ONE** of the following locations:
  - a. The nearest Police Station; or
  - b. The Divisional Commander, Divisional Headquarters; or
  - c. The Commissioner of Police, Police Headquarters, Eve Leary, Georgetown; or
  - d. The Ministry of Home Affairs.
2. The applicant will be issued with an acknowledgement letter by the Commissioner of Police.
3. The Commissioner of Police will forward the application to the Criminal Investigation Department, Special Branch, and the relevant Divisional Commander, as the case may be for processing to commence.
4. During the processing of the application, police officers will visit the residence of the applicant, who will be required to give a statement, and have his/her fingerprints taken.
5. The Divisional Commander will verify the information contained in the application, and submit a report to the Commissioner of Police with a recommendation.
6. The Criminal Investigation Department and Special Branch will communicate the findings of their investigations to the Commissioner of Police.
7. On receipt of the required reports, the Commissioner of Police will forward his findings and recommendation to the Minister of Home Affairs for review by the Firearms Licensing Approval Board.
8. The Firearms Licensing Approval Board will review the recommendation of the Commissioner of Police, and make a recommendation to the Minister of Home Affairs.
9. The Minister of Home Affairs will grant or withhold his “no objection” to the recommendation of the Firearms Licensing Approval Board.
10. The Commissioner of Police will be notified of the outcome of the application.
11. The applicant will be notified, in writing, by the Commissioner of Police of the outcome of the application.
12. Successful applicants will be required to pay a processing fee at the respective Divisional Firearm Registry, following which they will commence the process of purchasing, licensing and uplifting a firearm and ammunition.
13. Unsuccessful applicants are advised of their right to appeal the refusal of their applications for firearm licences under the Firearms Act. The appeal must be submitted to H.E the President.

**A. GENERAL INFORMATION**

Name of Company: \_\_\_\_\_

Type of Company/Sector: \_\_\_\_\_

Name of Company Secretary or Authorized Representative:

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

\_\_\_\_\_ Last Name

Address of Company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No.:

Fax No.:

E-mail:

Company NIS No.:

Company TIN:

Company Registration No.:

Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy/mm/dd

**B. BACKGROUND INFORMATION**

1. Have you ever applied for a company firearm licence?  Yes  No  
If **YES**, please provide details \_\_\_\_\_

2. Has the company ever been refused a firearm licence?  Yes  No

3. Has the company's firearm licence(s) ever been revoked?  Yes  No

4. Has the company firearm(s) ever been seized?  Yes  No  
If **YES**, was it returned? \_\_\_\_\_

5. Storage of weapon(s) when not in use:

Please indicate how the company intends to store the weapon(s) when not in use

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Number of Supernumerary Constables in the company: \_\_\_\_\_

7. Number of Supernumerary Constables to be included on licence: \_\_\_\_\_ (please provide details in section F)

8. Current stock of firearms held by the company (please provide details):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. TYPE OF FIREARM(S) REQUIRED**

<input type="checkbox"/> Pistol/Revolver		<input type="checkbox"/> Shotgun		<input type="checkbox"/> Rifle	
	Qty.		Qty.	<input type="checkbox"/> Bolt Action <input type="checkbox"/> Semi-Automatic	Qty.
<input type="checkbox"/> .22		<input type="checkbox"/> 12 Gauge		<input type="checkbox"/> .22	
<input type="checkbox"/> .25		<input type="checkbox"/> 16 Gauge		<input type="checkbox"/> .223	
<input type="checkbox"/> .32		<input type="checkbox"/> 20 Gauge		<input type="checkbox"/> .243	
<input type="checkbox"/> 9 mm				<input type="checkbox"/> .270	

**NOTE:** The Firearms Licensing Approval Board will exercise its discretion in recommending applicants for 9mm pistols.

**D. USE OF THE FIREARM(S)**

- |  |   |
|--|---|
| <input type="checkbox"/> Protection of Business        | <input type="checkbox"/> Provision of Security Services |
| <input type="checkbox"/> Personal Protection           | <input type="checkbox"/> Protection of Crops/Livestock  |
| <input type="checkbox"/> Other (Please Specify): _____ |   |
| _____  |   |
| _____  |   |

**E. AMMUNITION REQUIRED**

Please indicate the maximum amount of ammunition you desire to have in your possession at any one time.

\_\_\_\_\_

## F . GENERAL INFORMATION FOR SUPERNUMERARY CONSTABLES

This section is to be completed by the Supernumerary Constables.

Please print additional pages, as may be necessary, based on the number of Supernumerary Constables to be endorsed on licence.

Last Name :	Maiden Name:	
First Name:	Alias:	
Middle Name:		
Has your name ever been changed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If <b>YES</b> , what was your previous name? _____		
How was it changed? <input type="checkbox"/> Deed Poll <input type="checkbox"/> Court Order		
Date of Birth: ____/____/____ yyyy/mm/dd	Place of Birth:	Nationality:
Citizenship By: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Please Specify): _____		
<input type="checkbox"/> Dual Citizenship (Please Specify): _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law		
Immigration Status: <input type="checkbox"/> Voluntary Remigrant <input type="checkbox"/> Involuntary Remigrant <input type="checkbox"/> Not Applicable		
Address:		
Present: _____		
_____		
Previous: _____		
_____		
Tel. No.:	Cell No.:	E -mail:
National I.D. No.:	Passport No.:	TIN:
<p>1. Have you ever been convicted or discharged on any offence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you ever been treated for emotional problems, drugs or alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you suffer from Epilepsy (Fits)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever been placed on bond by the court? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever been charged by the police? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>YES</b>, please state date and offence(s) _____</p> <p>6. Are you currently awaiting trial for any offence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>YES</b>, please state _____</p>		

**G. GENERAL INFORMATION ON HEAD OF SECURITY**

Please print additional pages, as may be necessary.

Last Name :		Maiden Name:	
First Name:		Alias:	
Middle Name:			
Has his/her name ever been changed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , what was the previous name? _____			
How was the name changed?		<input type="checkbox"/> Deed Poll	<input type="checkbox"/> Court Order
Date of Birth: ____/____/____ yyyy/mm/dd		Place of Birth:	Nationality:
Citizenship By: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Please Specify): _____			
<input type="checkbox"/> Dual Citizenship (Please Specify): _____			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law			
Immigration Status: <input type="checkbox"/> Voluntary Remigrant <input type="checkbox"/> Involuntary Remigrant <input type="checkbox"/> Not Applicable			
Address:			
Present: _____			
_____			
Previous: _____			
_____			
Tel. No.:		Cell No.:	E -mail:
National I.D. No.:		Passport No.:	TIN:

1. Have you ever been convicted or discharged on any offence?  Yes  No
2. Have you ever been treated for emotional problems, drugs or alcohol abuse?  Yes  No
3. Do you suffer from Epilepsy (Fits)?  Yes  No
4. Have you ever been placed on bond by the court?  Yes  No
5. Have you ever been charged by the police?  Yes  No  
If **YES**, please state date and offence(s) \_\_\_\_\_
6. Are you currently awaiting trial for any offence?  Yes  No  
If **YES**, please state \_\_\_\_\_

**H. DECLARATION**

I hereby declare that the information provided by me is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Company Secretary or Authorized Representative

\_\_\_\_\_  
Date