

Application for a Firearm Certificate

The Parish is registered with the Data Protection Authority and all information is collected and used in compliance with the Data Protection (Jersey) Law 2018 and the Firearms (Jersey) Law 2000.

This application is for *(tick box which applies)*:

- the grant of a Firearm Certificate *(please complete all parts)*
- the renewal of a Firearm Certificate *(please complete all parts)*
- the variation of personal details contained on a Firearm Certificate *(please complete Parts A, C and E)*
- the variation of firearm/ammunition details contained on a Firearm Certificate *(please complete Parts A, C, D and E)*

Please complete this form in BLOCK CAPITALS except when signing.

FOR CFI USE ONLY

Date Stamp	PID Number:
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Part A Personal details

1 Title (Mr., Mrs., Ms., Dr., etc.)	2 Surname

3 Forename(s)

4 If you have ever used a surname other than the one given in question 2 please give details – if not write NONE	5 If you have used any forename(s) other than those given in question 3, please give details – if not write NONE

6 Home address

Post Code	Telephone numbers
	home
Email address	work
	mobile

In what capacity do you occupy your home address? –
 Owner/occupier Tenant Lodger Living with parent(s)/relation(s)
 Other (please specify).....

7 If you have lived at addresses, other than the one given in question 6, during the last 5 years enter the details here

8 Date of birth (DD/MM/YY)	9 Place of birth
10 Nationality	11 Occupation

12 Are you receiving, or have you received in the last 10 years, treatment or advice from a General Practitioner or any other doctor (e.g. a psychiatrist) for any of the following health problems? –

- | | | | |
|--|--|---|--|
| Alcohol misuse | NO <input type="checkbox"/> YES <input type="checkbox"/> | Misuse of illegal drugs or prescribed medicines | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Depression | NO <input type="checkbox"/> YES <input type="checkbox"/> | Hypomania | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Suicidal thoughts or attempted suicide | NO <input type="checkbox"/> YES <input type="checkbox"/> | Obsessive/compulsive disorder | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Drug overdose | NO <input type="checkbox"/> YES <input type="checkbox"/> | Severe anxiety | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Self-harming | NO <input type="checkbox"/> YES <input type="checkbox"/> | Schizophrenia | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Manic depression | NO <input type="checkbox"/> YES <input type="checkbox"/> | Any other psychotic disorder | NO <input type="checkbox"/> YES <input type="checkbox"/> |

Are you liable to any of the following? –

- | | | | |
|--|--|----------|--|
| Blackouts | NO <input type="checkbox"/> YES <input type="checkbox"/> | Fainting | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| Sudden or disabling attacks of giddiness | NO <input type="checkbox"/> YES <input type="checkbox"/> | Epilepsy | NO <input type="checkbox"/> YES <input type="checkbox"/> |

If you have answered YES to any of the above please provide details including dates, treatment received and name of doctor (continue on separate sheet if necessary)

13 Please give details of your current General Practitioner
Name of GP Address

14 Have you seen a General Practitioner (other than a practitioner in your current practice) in the last 12 months? NO YES
If YES, please give details

15 If the application is for the GRANT of a firearm certificate, give details of any firearm certificates you –

Hold currently

Expiry date

OR Have previously held

Expiry date

Issuing Connétable (if issued in Jersey)

Issuing Authority (if issued outside Jersey)

16 If the application is for the RENEWAL or VARIATION of a firearm certificate give details of your current certificate

Expiry date

Issuing Connétable

17 Have you, at any time or in any jurisdiction, had an application for the grant, renewal or variation of a firearm certificate or a visitor's permit refused, or a certificate revoked or partially revoked? NO YES

If YES, please give details

18 Have you ever been convicted of an offence?

(Note: you are NOT permitted to withhold information about a previous conviction)

On renewal or variation details need only be given of convictions since the existing certificate was issued

NO YES

If YES, please give details

19 If **YES** was this a conviction with a sentence which would prohibit you from possessing firearms and/or ammunition or from holding a firearm certificate? See 'Notes for applicant no. 2' below

NO YES

If **YES**, please give details

Part B Referees

If your application is for VARIATION only of a firearm certificate this Part may be omitted.

Two referees are required. If you have been resident in Jersey for 2 years, one of your referees must be resident in Jersey. If you have not been resident in Jersey for 2 years, and neither of your referees is resident in Jersey, one of them must have known you for at least 2 years.

If neither of your referees is the secretary of a shooting club, you will be required to demonstrate your prior knowledge of firearms or that you hold a certificate or other authority, issued in another country, to possess firearms and ammunition.

*You cannot have as a referee – a member of your family, a registered firearms dealer, a member of the Honorary Police of any Parish, an officer in the States of Jersey Police or your employee or subordinate. Each referee will be subject to a check of police records, their details may be held on computer and they may be required to attend an interview with the Connétable to whom this application is made. Each referee must complete a **REFERENCE FORM** which may be returned separately to the Connétable.*

20 Give the names and addresses of the two people who have agreed to be your referees

Name of 1st referee	Name of 2nd referee
Address of 1st referee	Address of 2nd referee
Post Code	Post Code
Contact phone number	Contact phone number
Home	Home
Work:	Work:
Mobile:	Mobile:
Email address	Email address

REFEREES' DECLARATION

I declare that –

- a) to the best of my knowledge and belief the information given in answer to questions 1 to 19 is true;
- b) the photographs enclosed with this application are a current true likeness of the applicant, and that I have endorsed the back of one of the photographs to this effect together with the date on which the likeness was compared; and
- c) the statements made above are true.

Name of 1st Referee	Name of 2nd Referee
Usual signature of 1st referee	Usual signature of 2nd referee
Date	Date

Part C Storage of firearms and ammunition

21 Are the firearms and ammunition listed in Part D to be held at the address given in answer to question 6? **NO** **YES**

If **NO**, give details of the address at which the firearms/ammunition are to be held and give the names of the occupier(s) of the property and their firearm certificate number(s)

22 If the answer to question 21 is **NO**, in what capacity does the occupier of the property at which the firearms/ammunition are to be held occupy the property? –

Owner/occupier Tenant Lodger Living with parent(s)/relation(s)
 Other (please specify).....

23 What are the storage arrangements for each of the firearm(s) and ammunition?

24 Is the storage locked to prevent, so far as is reasonably practicable, unauthorized persons (see 'Notes for applicant no. 3' below) taking or using the firearm(s)/ammunition?

NO **YES**

If **YES** give names of all persons who have access to the keys.

If no-one else has access write **NONE**

Part D Details of firearm(s) and ammunition and reasons to possess

If application is for VARIATION of personal details only and there is no change to the firearm(s)/ammunition held this Part may be omitted.

If there is insufficient room, use a separate sheet of paper (stating the question number to which the information relates), ensure the answer is given to all parts of the question, sign and date all sheet(s).

25 Give details of firearms in your possession at the time of this application *If none write NONE here*

Calibre, bore or gauge	Type (including action)	Maker's name	Identification number if known	Reason for possessing e.g. target shooting, pest control, collector, other (please specify)	Where is it used (give name of Shooting Club, OR for private land the name of owner and address/field no. of the land, etc.)	CFI use

26 Give details of ammunition in your possession at the time of this application *If none write NONE here*

Calibre, bore or gauge	Quantity	Reason for possessing	CFI use

27 Give details of each firearm you wish to purchase, acquire or possess, the reasons for requiring each of them (details of shooting disciplines, etc.) and where you intend to use each of them

Calibre, bore or gauge	Type (including action)	Maker's name	Identification number if known	Reason for possessing e.g. target shooting, pest control, collector, other (please specify)	Where is it used (give name of Shooting Club, OR for private land the name of owner and address/field no. of the land, etc.)	CFI use

28 If you wish to have in your possession more than 5000 rounds of ammunition at any one time state the additional quantity and reason for it
(See 'notes for applicant no. 8', below)

Calibre, bore or gauge	Additional Quantity	Reason for possessing	CFI use

29 If you are a member of any shooting club(s) or have applied for membership please give details (including length of membership) and attach a copy of your club membership

Name of shooting club	Number of years member or date applied for membership

30 Where firearm(s) are to be used on private land that is not an approved Shooting Range, do you have the permission in writing of the land owner to shoot on the land? **NO** **YES**

If **YES** enclose a copy/copies of the letter(s) of authorization from the owner(s) which give the address/field no. of (or map showing) the land on which you are permitted to shoot.

Part E Declaration

I/We declare that the statements made on this form are true.

I/We understand that I/we will be subject to a check of police records and that my/our details may be held on computer.

I/We consent to the Connétable approaching the applicant’s doctor to confirm the accuracy of the information provided in response to questions 12 to 14 and I/we understand that we are liable for any costs incurred in this respect.

I/We understand that a firearm certificate is granted subject to the conditions that the applicant will –

- (i) at all times (except in the circumstances mentioned in clause (ii)), store the firearm and ammunition to which the certificate relates in a secure manner so as to prevent, so far as reasonably practicable, access to the firearm or ammunition by an unauthorized person and
- (ii) take reasonable precautions for the safe custody of the firearm and ammunition to which the certificate relates where the firearm or ammunition is in use, or the holder of the certificate has the firearm with the holder for the purpose of cleaning, repairing or testing it, or for some other purpose connected with its use, transfer or sale, or the firearm or ammunition is in transit to or from a place in connection with its use or any such purpose

and confirm that the arrangements I/we have made comply with these conditions.

I/We understand that the Connétable and/or an officer authorized by the Connétable may wish to inspect the storage arrangements for the firearms(s)/ammunition from time to time.

I/We understand that I/we must inform the Connétable if the applicant –

- (a) has any existing certificates in any jurisdiction refused or revoked
- (b) suffers from, or is diagnosed with, any health problem(s) specified in question 12
- (c) is convicted of any offence during the validity of the firearm certificate
- (d) ceases to participate in shooting sports.

Usual signature of applicant

Date

Usual signature of parent or guardian
(If the applicant is under 17 years of age)

Print Name:

Date

This form must be returned to the Connétable of the Parish in which the applicant resides together with:

For grant or renewal of a firearm certificate

- 1) Fee of £45 (make cheques payable to “Parish of”)
- 2) 3 identical unmounted photographs showing the current true likeness of the applicant and measuring 45 mm x 35 mm, of which
 - a) one shall be signed in ink on the back with the applicant’s usual signature and
 - b) two shall contain a signed statement in ink by the referees listed in Part B (a different referee for each photograph) confirming that the photograph is a current true likeness of the applicant, and the date when the likeness was compared.

For variation of a firearm certificate

Fee of £20 payable only if there is an increase in the number of firearms held (make cheques payable to “Parish of”)

NOTES FOR APPLICANT

1. With certain statutory exemptions, it is an offence for a person to have in their possession, or purchase, or acquire, any firearm or ammunition without holding a firearm certificate. The Firearms (Jersey) Law 2000 applies to all firearms including shotguns and air weapons, and to ammunition, except
 - (a) air weapons designed for use under water and air weapons with a muzzle energy of less than one foot-pound;
 - (b) flare guns;
 - (c) de-activated firearms;
 - (d) antique firearms kept as a curiosity or ornament;
 - (e) ammunition for an air weapon;
 - (f) shotgun cartridges containing 5 or more shot, none of which exceeds .23 inch diameter; and
 - (g) blank cartridges not exceeding one inch in diameter, measured immediately in front of the rim or cannellure of the base of the cartridge.
2. A person sentenced to imprisonment for a term of 3 years or more is prohibited by law from possessing a firearm or ammunition; a person sentenced to imprisonment for a term of 3 months or more but less than 3 years is prohibited for a period of 5 years from the end of the sentence from possessing a firearm/ammunition; this includes detention in a young offenders' centre (see Article 37 of the Law for full details and circumstances in which such prohibitions may be lifted).
3. An 'unauthorized person' is any person who is not entitled under the provisions of the Firearms (Jersey) Law 2000 to have in their possession the specific firearm/ammunition.
4. A firearm certificate is granted subject to specified conditions and it is an offence to fail to comply with any condition of a firearm certificate.
5. A firearm certificate is valid for 5 years from the date of issue or renewal.
6. The Connétable cannot consider this application until a reference form is received from each Referee named in Part B.
7. Where information is provided or continued on a separate sheet of paper, the question number to which the information relates must be stated and the information must be signed with the applicant's usual signature and the date.
8. The maximum amount of ammunition that a person will ordinarily be permitted to possess at any time is 5,000 rounds. An applicant who wishes to possess a greater amount will need to show good reason why he or she should be permitted to do so.
9. Applicants must ensure they have applied for renewal of their firearm certificates in good time **at least 3 months** prior to the expiry date so as to allow the necessary checks to be made and the application to be determined. If a firearm certificate is not renewed prior to the expiry date then all firearms/ammunition in the applicant's possession should be lawfully transferred to a registered firearms dealer or surrendered to the police to avoid being in breach of the law.

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CFI Section

CFI PNC & Nominals
check Stamp here

Comments:
.....
.....
.....
.....
.....

Signature: _____ Date: _____

Print Name: _____

Central Firearms Index, Police Headquarters

Parish Section

Date/time visited:	Name of officer(s) visiting	Signature of officer(s)	Date

Connétable to complete:
I am satisfied that all the appropriate enquiries have been completed (if NO, give action still to take)

	YES / NO	Action
Fit to be entrusted		
Good reason to possess		
No danger to public safety or peace		

I am satisfied that, having regard to all of the circumstances, the application should be granted
(If NO give reasons for not granting) YES NO

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State conditions imposed:
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.....

Signature of Connétable : _____ Date: _____