

**APPLICATION TO VARY A FIREARM CERTIFICATE**

You may type your responses except where your signature is required. Otherwise, please use black ink and write in **BLOCK CAPITALS** throughout, except when signing. A continuation sheet is provided at page 4 for further information.

**NOTE: THE CERTIFICATE TO BE VARIED MUST BE ENCLOSED WITH THIS FORM**

**Form 201 contains notes which may be helpful in completing this form**

<p><b>PART A: Personal details.</b></p> <p>1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>2. Title .....</p> <p>3. Surname .....</p> <p>a. Previous surname(s) .....</p> <p>.....</p> <p>.....</p> <p>4. Forename(s) (state all) .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5. Home address .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>a. Postcode .....</p> <p>b. Home tel number .....</p> <p>c. Mobile number .....</p> <p>d. Home E-mail .....</p> <p>6. Height .....</p> <p>7. Date of Birth .....</p> <p>a. Place of Birth .....</p> <p>b. Nationality .....</p> <p>8. Occupation .....</p> <p>a. Work address .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>b. Postcode .....</p> <p>c. Work tel number .....</p> <p>d. Work E-mail .....</p>	<p><b>PART B: Personal health &amp; medical declaration</b></p> <p><b>If necessary, continue on page 4</b></p> <p>9. Have you ever been diagnosed with or treated for any of the following relevant medical conditions:</p> <ul style="list-style-type: none"> <li>● Acute Stress Reaction or an acute reaction to the stress caused by a trauma</li> <li>● Suicidal thoughts or self harm</li> <li>● Depression or anxiety</li> <li>● Dementia</li> <li>● Mania, bipolar disorder or a psychotic illness</li> <li>● A personality disorder</li> <li>● A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntingdon's diseases, or epilepsy</li> <li>● Alcohol or drug abuse</li> <li>● Any other mental or physical condition which might affect your safe possession of a firearm or shotgun</li> </ul> <p>If in doubt, consult your GP or contact the police firearms licensing department</p> <p><input type="checkbox"/> Yes (Please provide details) <input type="checkbox"/> No</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10. Details of your GP or GP practice</p> <p>a. Name .....</p> <p>b. Address .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>c. Postcode .....</p> <p>d. Tel number .....</p> <p>e. E-mail .....</p> <p><b>PART C: Offences</b></p> <p>11. Have you been convicted of any offence or received a written caution (including speeding but not including parking offences or fixed penalty notices) since your last application to grant or renew the certificate?</p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>(If yes, give details of <u>all</u> convictions and/or formal written police cautions, bindovers and spent convictions, including those received outside Great Britain).</p> <p>.....</p> <p>.....</p> <p>.....</p>
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12. If you wish to report the disposal of any firearms currently shown on your firearm certificate please give details below:

Calibre Metric/Imperial	Type	Make e.g. Winchester	Serial No

13. Details of firearms to be acquired:

Calibre Metric/Imperial	Type	Reason e.g. Target, vermin (please provide land/club details)

14. Details of the ammunition to be added or deleted:

**AMMUNITION TO BE ADDED**

Calibre Metric/Imperial	Quantity to be possessed

**AMMUNITION TO BE DELETED**

Calibre Metric/Imperial

**DECLARATION**

The information I have provided on this form is true and I understand that it is an offence under section 28A(7) of the Firearms Act to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, the maximum penalty for which is six months' imprisonment and/or a fine. I understand that I will be subject to a check of police records and that my details will be held electronically.

I understand that if I do not provide the required information my application cannot be processed and will be refused.

I understand that I am expected to inform the police if I am diagnosed with, or treated, for a medical condition (listed in question 9) while the certificate remains valid.

Data Protection

I understand that all information submitted will be handled in accordance with the Data Protection Act 1998 and the Freedom of Information Act 2000 and connected legislation. I understand and give consent for information contained within my application form or obtained in the course of deciding the application to be shared with: my GP, other government departments, regulatory bodies or enforcement agencies in the course of either deciding the application or in pursuance of maintaining public safety or the peace.

*Note: Any information shared will be shared in accordance with data sharing protocols. The police do not share your personal details with other applicants or members of the public and treat information in connection with the application in confidence, but individuals should be aware that the police may disclose some information in accordance with the legislation referred to above.*

Signature: .....

Print name: .....

Date: .....

**If the applicant is under 18 years of age the following must be completed**

**Parent** or  **Guardian**

Signature: .....

Print name: .....

Date: .....

