

APPLICATION TO VARY A FIREARM CERTIFICATE

You may type your responses except where your signature is required. Otherwise, you must 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](#)

PART A: Personal details	PART B: Personal health & medical declaration
1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	If necessary, continue on page 4
2. Title	9. Have you ever been diagnosed with or treated for any of the following relevant medical conditions:
3. Surname	<ul style="list-style-type: none"> Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder
a. Previous surname(s)	<ul style="list-style-type: none"> Suicidal thoughts or self harm or harm to others
.....	<ul style="list-style-type: none"> Depression or anxiety
4. Forenames (state all)	<ul style="list-style-type: none"> Dementia
.....	<ul style="list-style-type: none"> Mania, bipolar disorder or a psychotic illness
5. Home address	<ul style="list-style-type: none"> A personality disorder
.....	<ul style="list-style-type: none"> A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
.....	<ul style="list-style-type: none"> Alcohol or drug abuse
a. Postcode	<ul style="list-style-type: none"> Any other mental or physical condition, or combination of conditions, which you think may be relevant.
b. Home tel number	If in doubt, consult your GP or contact the police firearms licensing department.
c. Mobile number	<input type="checkbox"/> Yes (Please provide details) <input type="checkbox"/> No
d. Home E-mail
6. Height
7. Date of Birth
a. Place of birth
b. Nationality	10. Details of your GP or GP practice
8. Occupation	a. Name
a. Work address	b. Address
.....
.....
b. Postcode	c. Postcode
c. Work tel number	d. Tel number
d. Work E-mail	e. E-mail

PART C: Offences

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?

Yes No

(If yes, give details of all convictions and/or formal written police cautions, bindovers and spent convictions, including those received outside Great Britain).

.....

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/identification number and the unique identifying mark as applied to the firearm's frame or receiver and, where different, the unique identifying mark as applied to each relevant component part

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 1968 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 2018 and the Freedom of Information Act 2000 and connected legislation. I understand that information contained within my application form or obtained in the course of deciding the application may be shared with: my doctor, other government departments, regulatory bodies or enforcement agencies in the course of 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.

Your personal data will be processed by the police force to which you apply in line with Part 3 of the Data Protection Act 2018 and as set out in the force’s Privacy Information Notice.

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:

CONTINUATION SHEET

Please use this space for any additional information: