



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. There is an additional information page provided for your use at the end of this application form. If you need to use this additional page, please sign and date it.

NOTE: THE CERTIFICATE WHICH IS BEING VARIED **MUST** BE ENCLOSED WITH THIS APPLICATION FORM

PLEASE READ THE ACCOMPANYING NOTES BEFORE COMPLETING THE APPLICATION FORM

Part A - Personal details

1. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. Title	
3. Surname	
4. Forenames (state all)	
5. Date of birth (DD/MM/YYYY)	
6. Home address (including postcode)	
7. Home phone number (including STD code)	
8. Mobile phone number (including STD code)	
9. Email address	
10. Work phone number (including STD code)	

Part B - Variation(s) to Certificate

Please refer to accompanying notes before completing this section.

If there is insufficient space for you to detail the required changes, please continue on the 'Additional Information' page.

11. If you wish to report the disposal of any firearm(s) currently shown on your certificate, please give details below			
Calibre	Make	Type	Serial Number (where known)

12. Details of firearms desired to be purchased or acquired (for the purpose of the Firearms Act 1947, 'acquire' means hire, accept as a gift or borrow)			
Calibre	Make	Type	Serial Number (where known)

13. Details of firearms now possessed			
Calibre	Make	Type	Serial Number (where known)

14. Details of the ammunition to be added or deleted		
Ammunition to be Added		Ammunition to be Deleted
Calibre	Quantity	Calibre

15. For what reason do you wish to purchase or acquire the firearms(s) and ammunition specified?

16. For what reason do you wish to possess the firearms(s) and ammunition specified?

17. From whom are the firearm(s) intended to be purchased or acquired? (if seller is known, please include Firearms Dealer's Certificate number or Firearms holders certificate number).

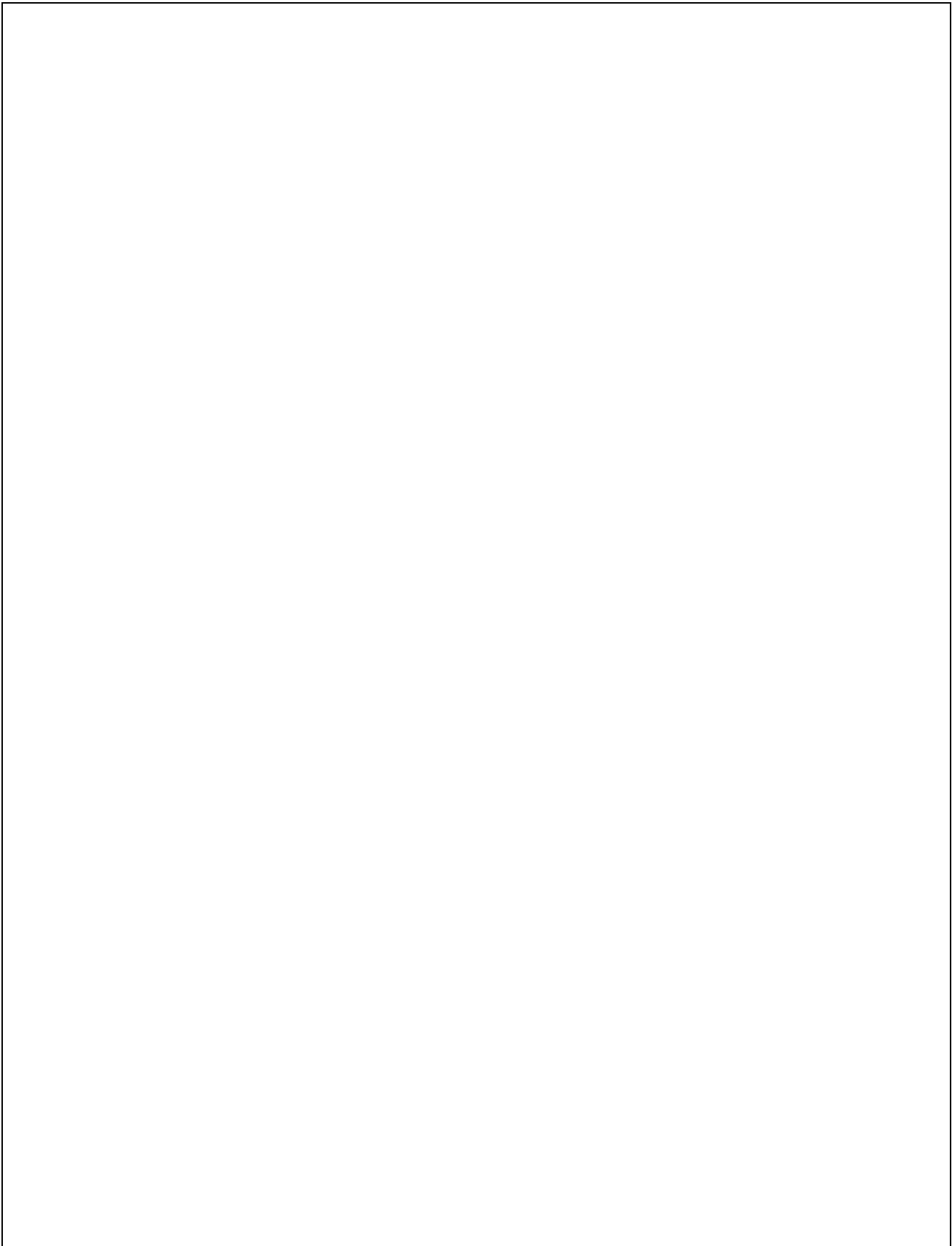
18. From whom were the specified firearm(s) purchased?

19. Where do you intend to use each of the specified firearms?

Note: It is the sole responsibility of the certificate holder to ensure that the firearm(s) detailed on the certificate are only carried and used on lands over which they have permission to shoot (or on approved ranges), and where it is safe to do so.

Part C - Additional Information

Please use this sheet for any additional information.



Part D – Declarations

1 Information declaration

- (1) The information I have provided on this form is true, and I understand that it is an offence under Section 2 (10) of the Firearms Act, 1947 to knowingly or recklessly make a false statement for the purpose of procuring a variation of a certificate, the maximum penalty for which is six months imprisonment and/or a fine.
- (2) I understand that I will be subject to a check of Police records, and that my details will be held electronically.
- (3) I understand that if I do not provide the required information, my application cannot be processed and will be refused.

2 Medical declaration

- (1) I understand that I am expected to inform the Police if I begin to suffer from a relevant medical condition while the certificate remains valid.
- (2) There *have/have not been any changes in my health since the submission of my last application form. **Note:** If there have been any relevant changes, please use the Additional Information page to record the information.

3 Convictions or offences declaration

- (1) By virtue of the Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001 (as amended) convictions which are spent under the Rehabilitation of Offenders Act 2001 must be declared.
- (2) I *have/have not been convicted of any offence since the submission of my last application form.
- (3) I *have/have not received any caution since the submission of my last application form.

Note: If you have received any conviction or caution in this period, please use the Additional Information page to record the information.

4 Data Protection declaration

- (1) I understand that all information submitted will be handled in accordance with the Data Protection Legislation 2018 (Isle of Man) and the Freedom of Information Act 2015 and connected legislation.
- (2) 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, statutory boards, 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. We do not share your personal or company 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 we may be required to disclose some information in accordance with the legislation referred to above.

*Please delete as applicable

5 **Signature**

Signature _____

Print name _____

Date _____

6 **Parent or Guardian approval**

If the applicant is under 17 years of age, the following must be completed.

With regard to the applicant I am a -

Parent Guardian

I confirm that I am aware of, and support, this application.

Signature _____

Print name _____

Date _____

Please send the completed form to:

Firearms Licensing Department
Police Headquarters
Dukes Avenue
Douglas
Isle of Man
IM2 4RG

Accompanying notes for an application to vary a Firearm Certificate

Part A – Introduction and Personal details

- (1) Please read these notes before completing the form

Note: it is an offence for any person to make any statement which he/she knows to be false for the purpose of procuring, either for him/herself, or for another person, a variation of a firearm certificate - maximum penalty six months imprisonment and/or a fine.

Part B – Variation(s) to certificates

- (1) A firearm certificate is varied at the discretion of the chief officer of police. Before agreeing to the variation of a certificate, he/she has to be satisfied that the applicant has shown good reason to have the firearm(s) and/or ammunition, and can be permitted to do so without danger to the general public safety or to the peace.
- (2) Evidence of a good reason to purchase, acquire or possess a firearm can take several forms, and may include, but is not limited to, permission to shoot over land or the membership of a shooting club.
- (3) Please provide the details of any area(s) of land where you have written permission to shoot, together with the name, address and telephone number of the person who has given you that permission, or the details of an approved club of which you are a full member.
- (4) When answering question 15, please be specific as to (a) why that calibre of firearm is needed, (b) why any accessories, i.e. sound moderator, are needed and (c) if more than one firearm is requested, then be specific about the use of each and explain why it is needed. Please state if the reasons are for sporting purposes, pest control, target shooting, collecting or any other purpose, and give details in each case.
- (5) When answering question 19, please attach a map or plan showing the area where you intend to use the firearm(s), and include any public roads, rights of way and buildings. If intending to shoot over another person's land, please attach written permission from that person, and, where applicable, details of any other person(s) using the same land.

Part D – Declarations (Medical declaration)

- (1) You must disclose any physical or mental health condition that may affect your ability to safely possess and use a firearm. The chief officer of police must be satisfied that an applicant can be permitted to possess a firearm 'without danger to the public safety or to the peace'.
- (2) Relevant medical conditions which must be disclosed include, but are not limited to, the following –
 - (a) Acute Stress Reaction or an acute reaction to the stress caused by a trauma;
 - (b) suicidal thoughts or self-harm;
 - (c) depression or anxiety;
 - (d) dementia;
 - (e) mania, Bipolar disorder or any psychotic illness;
 - (f) a personality disorder;

- (g) a neurological condition: for example, Multiple Sclerosis, Motor Neurone, Parkinson's or Huntington's diseases, or Epilepsy;
 - (h) stroke;
 - (i) brain injury;
 - (j) alcohol or drug related abuse.
- (3) You must also disclose any other condition, mental or physical, which might affect your safe possession of firearms. If in any doubt, consult your GP.
 - (4) You must also let us know if an existing medical condition gets worse.
 - (5) If you have disclosed a relevant medical condition, the Police may ask you to obtain a medical report from your GP/Specialist. You are expected to meet the cost if a fee is charged for this by the writer.

Part D – Declarations (Convictions or offences declaration)

- (1) You must not withhold information about any conviction. This includes motoring offences (including speeding offences), binding overs, formal written warnings or cautions, endorsable fixed penalties, and convictions in and outside of the Isle of Man. A conditional discharge and an absolute discharge both count as convictions for this purpose. Details of parking offences and non-endorsable fixed penalty notices do not need to be declared.
- (2) By virtue of the Rehabilitation of Offenders Act 2001 (Exceptions) Order 2001 (as amended) convictions which are spent under the Rehabilitation of Offenders Act 2001 must be declared.
- (3) For more information see the Isle of Man Constabulary website www.iompolice.im, or contact the Firearms Licensing Department on 01624 631402 (08.00hrs to 11.45hrs Monday to Thursday, and 08.00hrs to 11.30hrs on Friday).