

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

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 29(3) of the Firearms Act 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. 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 begin to suffer from a relevant medical condition, **having sought medical advice or treatment for such a condition**, 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. 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.

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:

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