**NRA VISITORS FIREARMS PERMIT APPLICATION FORM**

**(Please complete electronically if possible)** (revised October 2023)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title (Mr, Mrs, Ms, etc)** |  | | | | | | | | |
| **Surname (Family name)** |  | | | | | | | | |
| **Forenames (given name)** |  | | | | | | | | |
| **Date of Birth/Nationality** |  | | | | | | | | |
| **Permanent Address** |  | | | | **Delivery Address if different** | | | | |
| **Full Address** where visitor will be staying during visit (please include all addresses if more than one) |  | | | | **Ranges to be visited** | | | | |
| **Details of each firearm possessed** or details of any shotgun to be purchased in UK. Please provide a copy of your permit to hold firearms in your country of origin. Continue on another sheet if necessary. | **Calibre** | **Makers Name, Type and Action** | | | | | **Identification number** | | |
|  |  | | | | |  | | |
|  |  | | | | |  | | |
|  |  | | | | |  | | |
| **Address where firearms will be stored during visit** | | |  | | | | | |
| **Ammunition Each Type:**  Continue on another sheet if necessary. For shotgun ammunition, specify shot size if larger than SG, or slug, under ‘Calibre’. | **Calibre** | **Quantity to be Possessed** | | | | **Quantity to Purchase/Acquire** | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
| **Using own home-loaded ammo?** | | | | | **YES** | | | **NO** |
| **Reasons for Shooting in UK** |  | | | | | | | | |
| **Competitions to be shot** |  | | | | | | | | |
| **Date of Arrival in UK** |  | | | | | | | | |
| **Validity Period Required** | **From:** | | | | **To:** | | | | |
| **E-mail Address** |  | | | | | | | | |
| **Contact Telephone No.** |  | | | | | | | | |
| **Have you been convicted of any offence, including outside of GB? Yes/No** | If ‘Yes’, please give details | | | | | | | | |
| **Method of Payment, please tick** | Credit/Debit Card : Bank Transfer : Imperial Meeting Entry | | | | | | | | |
| **Fees: £40 individual or**  **£170 group (5-20 people)**  **plus postage/courier costs**  **at cost** | Long Card Number: | | | | | | | | |
| Start Date: Expiry Date: | | | | | | | | |
| Security Number: Amount to be debited: | | | | | | | | |
| **Delivery Requirement**  **(select preference)** | **Post** | | **Tracked** | | | | | **Courier** | |

**Notes:**

COMPLETE IN FULL – especially addresses. Incomplete forms will be returned and may result in delays for processing.