



FIREARMS AND AMMUNITION CONTROL BOARD

Application for Firearm Licence

To Be Completed in BLOCK LETTER

Email: facb@homeaffairs.gov.bz

Phone: (501)822 -2218/2674

Section A

<i>Applicant's Name</i> – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Photograph of Applicant
Other names (Pet name, Nickname, alias)	

Date of Birth	Age	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of Birth
Nationality	Marital Status	Occupation	Email Address
Home Address (House No./ Street Name)		City/Town	Country
Home Telephone No.	Mobile Telephone No.		Business Telephone No. (including Ext.)

Next Of Kin Information

<i>Name</i> – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship to Applicant	Occupation
Email Address	Home Telephone No.	Mobile No.
		Business Telephone

Section B

Tax Identification No. (TIN)	I.D Type and Number (Social Security or Passport)
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Section C

Previous Address of Residence	Country	District	City/Town	Period of Residence
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Section D

Name and Address of Present Business/Employer	Date/Time Period	Occupation
Name and Address of Previous Business/Employer	Date/Time Period	Occupation

Section E

Have you ever lived or worked outside of Belize? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state period(s), name of company/business(s), location(s) and nature of employment in the space below.
If yes, state address of last residence in the space below (if exceeds more than six months)

Section F

Certification and Qualifications or Skills. Proof must be provided upon submission of application		
State Type of Certification in Firearm Training and any other related qualification	Name of Certifying Organization/Institution	Year of completion

Section G

Particulars of Firearm(s) being applied for:

Type of Licence	Firearm Make, Type, Caliber	Serial No. of Firearm (if available)	Place to bought from (if available)

Section H

Two Recommendations

(A) One from individual excluding an immediate family member- (attach letter to this application)

Name – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Occupation
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Date of Birth	Age	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of Birth (Hospital/Home, Clinic)
Nationality	Marital Status		Email Address
Home Telephone No.	Mobile Telephone No.		Business Telephone No. (including Ext.)

(B) One from a Justice of the Peace- (attach letter to this application)

Name – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Occupation
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Date of Birth	Age	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of Birth (Hospital/Home, Clinic)
Nationality	Marital Status		Email Address
Home Telephone No.	Mobile Telephone No.		Business Telephone No. (including Ext.)

Section I

1. Have you ever applied for a Firearm License? Yes No

If yes, what was the result?

2. Are you the holder of any Firearm Licence? Yes No

If yes, complete the section below. If additional space is required then list separately, sign and attach to Application Form.

Type of Licence	Firearm Make, Type, Caliber	Serial No. of Firearm	Place of Issue	Date of Issue

Has any Firearm Authorisation previously issued to you been revoked <input type="checkbox"/> , cancelled <input type="checkbox"/> , or surrendered <input type="checkbox"/> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state reason:
Has any previous Firearm issued to you been seized, lost or stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> If yes, state reason:
Have you ever been convicted of a criminal offence locally? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details
Have you ever been convicted of a criminal offence abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details
Have you ever been deported from a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain?
Are you domiciled or ordinarily a resident in Belize, (at least 2 consecutive years- Immigration Act) immediately preceding this application? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been diagnosed with any mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give detail:

Section J

<p>Please attached your letter giving your reason(s)for this application</p>

Section K (Please read and indicate your agreement to the statement by ticking the box)

- I declare my willingness to be fingerprinted if requested and consent that such prints may be used to facilitate background security checks.

Declaration of Truth

It is an offence to knowingly make a false declaration on this application and this may result in the denial and/or revocation of this application and/or authorisation.

I certify that the information provided on this application is true to the best of my knowledge, information and belief.

Applicant’s Signature: _____ Date: _____

Section L

<i>FOR OFFICIAL USE ONLY</i>	
Fees paid:	Method of submission:
Review by Board Member below:	Receipt number:

<i>APPLICANT:</i>		<i>BOARD CHAIRPERSON:</i>	
<i>APPLICATION NO.:</i>	<i>DATE SUBMITTED TO BOARD:</i>	<i>BOARD MEMBER 2:</i>	
<i>DECISION: Approved <input type="checkbox"/> Denied <input type="checkbox"/></i>	<i>DATE: Approved:</i>	<i>BOARD MEMBER 3:</i>	
<i>COMMENTS:</i>			

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Applicant's checklist as follows:

- Police record
- Certification of firearm training from an accredited Firearm safety Instructor.
- Two (2) copies of a photo ID, one of which must be a valid social security or passport
- Proof of address (recent Utility bill)
- Two (2) letters of attestation (recommendation) regarding the applicant's character- one from a Justice of the Peace and the other from individual excluding immediate family members.
- Proof of payment for this application
- A written letter giving reasons for the application
- Business registration, Certificate of Good Standing, and trade Licence (if applicable) for business owners.