Revised 22/2/2010

Firearm Certificate Application – (Non – Resident)- Firearms Acts, 1925 – 2009 as amended.

READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS FORM

1. Please use BLOCK letters to complete this form.

2. **Payment should be in Euro** and made payable to Superintendent (An Garda Síochána). Acceptable forms of payment are Cheques written in Euro drawn on Irish Financial Institutions, Euro Draft, or Money Postal Order.
   Note : Cheques written in Euro drawn on Institutions in other Euro Zone Countries will not be acceptable as payment. **Cash payments should not be sent through the post**.

3. **Forward applications at least six weeks in advance** of your arrival, to allow for processing and return by post. Otherwise your application cannot be guaranteed to be processed on time.

4. If you are a member of a gun club, game association, etc. (within this State), you must **enclose your valid membership card** with this application, cards will be returned.

APPLICATIONS SHOULD BE MADE TO THE SUPERINTENDENT OF THE GARDA SÍOCHÁNA (POLICE) OF THE DISTRICT IN WHICH THE FIREARM WILL FIRST BE USED BY THE PERSON AND MUST BE ACCOMPANIED BY THE FOLLOWING:

- Fee **€40**

- Residents of E.C. Member States in which the European Firearms Pass (E.F.P.) is available must send their original E.F.P. **A copy will not suffice**.
- In any other case, any other permit **, licence, authorisation** or other document, duly issued by an appropriate authority or body outside the State, which the issuing person considers acceptable.
- If Deer Hunting, you will also require a **Deer Hunting License** from, ***National Parks and Wildlife Service, Department of Arts, Heritage & the Gaeltacht, 7 Ely Place, Dublin 2.***, . Tel. No: *(01)888 3242*
  Email: Wildlifelicence@ahg.gov.ie
  Application Forms for Deer Hunting may be downloaded from Web Site www.npws.ie.

Note: All Firearm Certificates for non-residents are valid for 1 year from date of grant.

1. Applicant Details

SURNAME: _____ **FIRST NAME:** _____ **D.O.B.:**_____

SEX: _____ **OCCUPATION:** _____ **NATIONALITY**: _____

ADDRESS: _____

COUNTRY: _____ **TELEPHONE NUMBER:** _____

Have you previously held a firearm certificate issued by a relevant authority in this State? Yes/NO._____

If you are a member of a Gun Club (within this State), provide Gun Club Name: _____

2. Firearm Details

Applicants will be obliged to comply with Sec. 33 of the Wildlife Act 1976, as amended, which restricts the use of certain firearms for hunting wildlife.

Serial No(M)	**Make (M)**	**Model**

Calibre(M)	**Type:(M)** **Air Gun ☐** **Crossbow ☐** **Revolver ☐** **Rifle ☐** **Pistol ☐** **Shotgun ☐** **Other ☐** **(*specify)***

Sub-Type (c) *Tick √ appropriate box(es)*

Air Gun ☐ **Air Rifle ☐** **Bolt Action ☐** **Breech Loading ☐** **Crossbow ☐** **Double Barrel ☐** **Lever Action ☐**

Paint Ball Gun ☐ **Pump Action ☐** **Repeater ☐** **Semi Auto ☐** **Shotgun & Rifle Combined ☐**

Single Barrel ☐ **Single Shot ☐** **Other (*specify)* ☐**

State the Maximum number of rounds of Ammunition Applied for: (M) ☐

3. Travel Details:

Date of Arrival:		**Date of Departure:**	
Port / Airport of Arrival		**Port / Airport of Departure**	
Proposed Address In Ireland			

4. CONFIRMATION OF TYPE OF SHOOTING YOU INTEND TO ENGAGE IN

The following must be completed.

DO YOU INTEND TO:

(A) Hunt (i) Deer **YES / NO**

Note: If YES, a hunting license from National Parks and Wildlife Service , will be required:

(ii) Wild Birds as per open season orders and / or hares **YES / NO**

Note: If YES, please complete the Wildlife Declaration below

(iii) other species whose shooting is not proscribed by law: **YES / NO**

(B) Shoot clay pigeons **YES / NO**

(C) Target shoot **YES / NO**

WHERE DO YOU INTEND TO USE THE FIREARM: _____

Signature: _____ Date: _____

WARNING: PENALTIES ON CONVICTION OF MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING A FIREARM CERTIFICATE INCLUDE A FINE OF €12,700 OR IMPRISONMENT FOR A TERM OF FIVE (5) YEARS OR BOTH.

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DECLARATION Wildlife Act 1976 as amended SECTION 29

I HEREBY DECLARE that I intend to use the firearm(s) described overleaf to hunt and kill game birds or hares pursuant to and in accordance with any open season order under the Wildlife Act, 1976.
I ALSO HEREBY DECLARE that I am a qualified person within the meaning of Section 28(2) of the said Act in that I am not less than sixteen years of age and that

(Tick box and indicate as appropriate)

☐ (a) I am entitled to sporting rights over the land described in the Schedule hereto:

or

☐ (b) I am the guest/invitee/servant/agent/ I have the written authority of the person mentioned in Column 5 of the Schedule hereto as being entitled to sporting rights over the land described in the said Schedule;

or

☐ (c) I am a guest of ……(Name of Shoot Promoter) who is entitled to/has the written authority of the person/s mentioned in Column 5 of the Schedule hereto as being entitled to sporting rights over the lands described in the said Schedule;

or

☐ (d) I am a member of ……(Name of Gun Club, Game Association, etc.) which is entitled to/has written authority of the person mentioned in Column 5 of the Schedule hereto as being entitled to sporting rights over the land described in the said Schedule.

(Membership Card must be enclosed)

SCHEDULE

Block Capitals must be used when completing this schedule.
Include full postal address in respect of the persons named in columns 4 & 5 of the schedule.

PROVIDE FULL DETAILS EVEN IF THE LANDS TO BE USED ARE THE SAME AS IN YOUR PREVIOUS APPLICATION

(1) COUNTY		**(2) TOWNLAND(S)**	
(3) APPROXIMATE AREA IN ACRES/HECTARES			
(4) NAME, ADDRESS AND PHONE NUMBER OF OWNER, OCCUPIER OF THE LAND			
(5) NAME, ADDRESS, PHONE NUMBER OF PERSONS ENTITLED TO THE SPORTING RIGHTS			

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF WITNESS: _____ **DATE:** _____

ADDRESS OF WITNESS : _____

OCCUPATION OF WITNESS: _____

TO BE COMPLETED BY MEMBER OF AN GARDA SÍOCHÁNA (POLICE):

APPLICANT PULSE I.D: _____ CERTIFICATE PULSE I.D:_____

PARTICULARS OF APPLICANT ARE CORRECT: YES _____ NO _____

SUBMITTED BY: NAME: _____

GARDA REG NO: _____ DATE: _____ _____

RECOMMENDED: YES _____ NO _____

THE FEE € 40 ATTACHED: _____

POSTAL ORDER: _____ MONEY ORDER: _____ CHEQUE: _____

STATION: _____STATION STAMP:

TO BE COMPLETED BY DISTRICT OFFICER: NON RESTRICTED FIREARM.

GRANTED: ☐ **NOT GRANTED :** ☐

STATION:_____ DISTRICT OFFICE STAMP:

COMMENT: _____

SIGNATURE: _____ DATE:_____
(District Officer)

TO BE COMPLETED BY DIVISIONAL OFFICER: RESTRICTED FIREARM.

GRANTED: ☐ **NOT GRANTED:** ☐

STATION:_____ DIVISIONAL OFFICE STAMP:

COMMENT: _____

SIGNATURE: _____ DATE:_____
(Divisional Officer)