



**OFFICE OF THE POLICE COMMISSIONER
CENTRAL FIREARMS REGISTRY**

P.M.B 9014 - PORT VILA

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REPUBLIC OF VANUATU

Form 1

**REPUBLIC OF VANUATU
THE FIREARMS REGULATIONS
APPLICATION FOR A FIREARM LICENCE**

Name in full _____
Full Postal Address: 1. Village/Town: _____
2. Island: _____
3. Age: _____ 4. Nationality: _____
5. Occupation: _____ 6. Employer: _____
Description of firearm for which license required: _____

(a) Ammunitions:	Quantity:	Calibre and Type:
(I) Possessed at date of application	_____	_____
(II) Total amount desired to be Purchased or acquired at any One time	_____	_____
(III) Maximum amount desired to be Possessed or acquired at any one time	_____	_____

Whether a license has been previously been held, or applied for by applicant. If so, give details of all previous applications:

Date and place of Issue of any licence to possess firearms or ammunition held during previous applications:

Do you suffer from any form of mental disorder or defect? YES/NO?

If yes, give

details _____

Have you been convicted of any offence, other than minor traffic offences? YES/NO?

If yes, give

details _____

Reasons for requiring the firearms and ammunition specified: _____

Where do you intend to use the firearms specified? _____

_____ Where, if a firearm
License is granted, will the firearm and ammunition specified be kept when not in use

DECLARATION

I hereby apply for a license in respect of the firearm and ammunition specified above, and I declare that the stationeries made is true and complete in all respect

Date: _____

Signature: _____

FOR OFFICIAL USE

This application was lodged at : _____ (firearms office)

On (date) _____

RECOMMENDE/NOT RECOMMENDED

Reason for non-recommendation: _____

Licence: Approved/Not approved

AMMUNITION:

(i) maximum to be authorised to be possessed at any one time:

(ii) Total amount to be purchase in each year:

(*State Quantity, Type and Calibre)

Date: _____

Signature: _____