



APPLICATION FOR THE GRANT OF A PERMIT TO POSSESS AND USE AN AIR WEAPON
IN A PUBLIC PLACE FOR VERMIN CONTROL

Firearms and Weapons (Guernsey) Law 1998 – Section 23B(3)

To be completed by all applicants

(Please use BLOCK LETTERS except when signing)

Title (Mr. Mrs. Ms. Miss or Other):

Surname:

Forenames (state all):

Date of birth:

Place of birth:

Nationality:

Residential address:

..... Post Code:

Home telephone number:

Mobile telephone number:

E-mail:

Explain previous experience in handling firearms, shotguns or air weapons:

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What is the purpose for which this permit is requested?

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Name of shooting club, date of joining and membership number (if applicable)

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Specify public place(s) required:

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THIRD PARTY INSURANCE

Name of insurance company:
Policy number:
Amount of indemnity:

REFEREE DETAILS:

Please give details of a suitable person who has agreed to act as a referee for you.

Title (Mr. Mrs. Ms. Miss or Other):
Surname:
Forename(s):
Date of birth:
Place of birth:
Occupation:
Residential address:
..... Post Code:
Home telephone number:
Mobile telephone number:
Work telephone number:
E-mail:
In what capacity do you know the referee?
How long has the referee known you?

The referee who has agreed to act for you must have known you personally for at least two years and must be resident in Guernsey. A referee must not be a member of your immediate family, a registered firearms dealer, a serving police officer or police employee. Referees must be of good character and any references they agree to provide must be given freely and not on payment.