



An Garda Síochána

Form FCR

**FIREARM CERTIFICATE RENEWAL APPLICATION
FORM***Firearms Act, 1925 – 2009 as amended***Official use only**

Previous Certificate Number

PULSE Application Number

New Certificate Number

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SECTION 1 - GUIDE TO COMPLETION OF FORM

Sections 3 to 6 are to be completed by the applicant in **BLOCK CAPITALS** using a ballpoint pen in **BLACK INK**. Section 7 contains a checklist to assist in completion of this form. Sections 8,9 and 10 are for official use only

(M) Indicates mandatory boxes/ fields which must be completed.

(C) Indicates conditional boxes/fields that must be completed if relevant to this specific application

Include one photograph with this renewal form. The picture should be no more than six months old, to ensure an up to date likeness. To check facial dimensions use the template to the right. It should show a close up of your face and the top of your shoulders so that your face takes up 70% - 80% of the frame.

(A) Minimum photograph size 35mm x 45mm

(B) Maximum photograph size 38mm x 50mm

**SECTION 2 - APPLICATION TYPE**

This Application relates to:

SECTION 3 - PERSONAL DETAILS (M)**3.1. - Personal Identification Details**

Surname: Joe Bloggs

First Name:

Middle Name: Seamus

Date of birth:

Gender: Male

Nationality: (M)

Occupation: (M) TURF CUTTER

Address of usual residence:

Updated address details, (C)

Note: only complete if your usual residence has changed from that in the left hand column

1 Main Street

Address: (C)

Longford

County: Longford

County: (C)

Contact phone number(s): (M) (1) 0812222333 (2)

Applicants Local Garda Station: (M) Longford

3.2 - Brief Medical History / Medical Enquiries (C)

Updated details of General Medical Practitioner/Doctor <i>Note: only complete if any of the details have changed since your previous firearms certificate application</i>	Updated details of other Medical Professionals if any <i>Note: only complete if any of the details have changed since your previous firearms certificate application</i>
Surname: (C) Dr Spock	Surname: (C)
First Name: (C) Liam	First Name: (C)
Address: (C) 2 Main St	Address: (C)
Longford	
Contact Phone Number (s): (C)	Contact Phone Number (s): (C)
(1) 45632 (2)	(1) (2)

Do you suffer from, or have you been diagnosed or treated for any medical condition (physical/ mental) that may affect your ability to possess, carry or use firearms, safely? (M) Yes ☐ No ☐ If "Yes" please provide full details. *Notes: Answering "Yes" in this section, does not necessarily mean your application will be refused but it may lead to further enquiries. By completing and signing this form you are giving consent to An Garda Síochána to make further enquiries as to your medical history if they deem it necessary in making their decision on whether or not to grant this application.*

3.3 - Character Referees (C)

REFEREE 1	UPDATED REFEREE 1
	<i>Note: only complete right hand column if there have been changes in your referees or their contact details in the left hand column</i>
Surname: Hammer	Surname (C)
First Name: Mick	First Name (C)
Middle Name: Nick	Middle Name:
Date of birth: 01/01/50	Date of birth: (C) (dd, mm, yyyy) <div style="display: flex; justify-content: space-around;"> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> </div>
Address: 3 Main St	Address: (C)
Longford	
Contact Phone Number(s):	Contact Phone Number(s): (C)
(1) 45687 (2)	(1) (2)
Occupation:	Occupation:
REFEREE 2	UPDATED REFEREE 2
Surname: Anvil	Surname (C)
First Name: John	First Name (C)
Middle Name: DAN	Middle Name:
Date of birth: 02/02/49	Date of birth: (C) (dd, mm, yyyy) <div style="display: flex; justify-content: space-around;"> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> </div>
Address: 4 Main St	Address: (C)
Longford	
Contact Phone Number(s):	Contact Phone Number(s): (C)
(1) 98654 (2)	(1) (2)
Occupation:	Occupation

3.4 - Previous History (M)

If you answer "Yes" in this section, it does not necessarily mean your application will be refused, but it may lead to further enquiries.

Have you ever been found guilty of, or do you have charges pending for, any offence in Ireland or abroad? **(M)**

Yes ☐ No ☐

If you answered "Yes" provide full details on a separate sheet.

Have you ever been the subject of an order issued by a court in a case involving the use, attempted use or threatened use of force against another person? **(M)**

Yes ☐ No ☐

If you answered "Yes" provide full details on a separate sheet.

Have you ever been refused a firearms certificate? **(M)**

Yes ☐ No ☐

If you answered "Yes" state the year and name of Garda Station

Year: _____

Garda Station: _____

Have you ever had a firearms certificate revoked? **(M)**

Yes ☐ No ☐

If you answered "Yes" state the year and name of Garda Station

Year: _____

Garda Station: _____

SECTION 4 - FIREARM DETAILS (M)

4.1 - Firearm Information

Serial No: 13579

Make: BRNO

Model:

Calibre: .22

Type: Rifle

Sub-Type:

Rounds of ammunition: 100

4.2 - Firearm Silencer Information

DOES YOUR CURRENT FIREARMS CERTIFICATE AUTHORISE THE POSSESSION OF A SILENCER: Yes ☐ No ☐

4.3 - Firearm Storage Details (M)

Note: An Garda Síochána may inspect your firearm and/or your firearm accommodation or require proof that they are satisfactory.

Have you complied with the requirements of the Firearm (Secure Accommodation) Order, 2009?

(M) YES ☐ NO ☐

If the firearm will normally be stored at a location other than your home address, tick this box (C) ☐ and provide the address of this location: (C)

ADDRESS: (C)

LOCAL GARDA STATION: (C)

SECTION 5 - LAND OCCUPIER/CLUB DETAILS (C)

Note: Your application must have at least one of the subsections 5.1 or 5.2 completed.

5.1 - Farm/Land Nomination Details

Note: Where it is a requirement for the granting of your certificate that you are to provide farm/land nomination details if necessary complete the fields below and if you do not own the land in question provide written permission from the land occupier (you only need provide this written permission if your details have changed since your last application).

NOMINATOR DETAILS		UPDATED NOMINATOR DETAILS <i>Note: It is only necessary to complete the right hand column if there have been changes in your land occupier/nominator details in the left column</i>	
Surname Murphy	First Name Paddy	Surname (C)	First Name (C)
Address of Nominator's Residence		Address of Nominator's Residence (C)	
2 The Field			
Longford			
Contact Number: 86421		Contact Number (C)	
Local Garda Station: Longford		Local Garda Station (C)	
LAND DETAILS		UPDATED LAND DETAILS	
Address of Land		Address of Land(C)	
The Big Field			
Longford			
Local Garda Station Longford		Local Garda Station (C)	

Section 5.2 - Rifle/Pistol/Gun Club Details (C)

Note: Where it is a requirement for the granting of your certificate, that you are a member of an Authorised Pistol/Rifle/Gun Club, complete the fields below. In all such cases you must provide proof of club membership.

[illegible]

SECTION 6 - APPLICANTS DECLARATION (M)

I declare that the information provided by me in relation to this application is true to the best of my knowledge and belief. I understand that I may be liable to prosecution if I knowingly give false or misleading information. I understand that my details may be held on Garda records in accordance with the law. I understand that I may be subject to further Garda enquiries if this is deemed necessary in order to decide on whether or not to grant this application. I undertake to inform the issuing authority of any changes to the information provided as a basis for this application. I will comply with all conditions that may apply to the Firearms Certificate.

Applicants Signature: (M) _____ Date: (M) _____

SECTION 7 - CHECKLIST

Note: To prevent delays in processing applications for Firearm Certificates, it is important that all necessary information and documentation is provided. Therefore, the applicant and the Garda receiving the application can use the following checklist as a guide to ensure all relevant information is included. The information required will depend on the circumstances of the individual application. The local Garda management dealing with the application can advise further on this. Where it is necessary to produce original documents, these can be copied and the original returned to the applicant.

1	Proof of Identity (e.g. Driving Licence, Passport, Age Card, or personally known or personally identified to Garda).	
2	Recent passport size photo of applicant, min. = 35mm x 45mm, max. = 38mm x 50mm.	
3	Section 3.1: Occupation completed.	
4	Section 3.1: Nationality completed.	
5	Section 3.1: Updated address, only if changed since previous application.	
6	Section 3.1: Contact phone number(s) completed.	
7	Section 3.2: Updated medical details, only if changed since previous application.	
8	Section 3.3: Updated referees details, only if changed since previous application.	
9	Section 3.4: Previous history of applicant completed.	
10	Section 4.3: Firearms storage details completed.	
11	At least one of sections 5.1 or 5.2 must be completed.	
12	Section 5.1: Updated Nominator/Land details, only if changed since previous application.	
13	Section 5.1: Written permission from land occupier must be included only if there has been a change of land occupier since previous application	
14	Section 5.2: Rifle/Pistol/Gun club details completed	
15	Section 5.2: Proof of Rifle/Pistol/Gun club must be provided in all such cases	
16	Section 6.1: Applicants must sign and date the form.	
17	Section 6.2: Garda member at the applicant's local Garda station must complete and sign form	

SECTION 8 - GARDA VALIDATION (M) *Official use only*

Note: For completion by the Garda member receiving the application at the local station where the applicant resides.

I am satisfied as to the proof of the applicant's identity because: (Tick ✓ as appropriate)

- A) The applicant is personally known to me ☐
 B) The applicant has been personally identified to me by a reliable person personally known to me ☐
 C) The applicant has provided other satisfactory proof of identity ☐
 (Give brief details of any such proof of identity including the reference number of the document produced e.g. Driving Licence, Passport, Age Card, etc)

I am also satisfied that the required data and documentary evidence has been provided for this application including proof of land occupier/club details if applicable.

Surname:

First Name:

Rank:

Reg. No:

Signature:

Station Stamp

SECTION 9 - CONDITIONS TO CONSIDER BY ISSUING SUPERINTENDENT OR CHIEF SUPERINTENDENT (M) *Official use only*

The applicant must satisfy the issuing person that he/she has complied with the following condition(s) before being granted a firearm certificate, i.e. that the applicant:

Is a person who can, be permitted to have the firearm and ammunition, without danger to the public safety or the peace	Yes		No	
Has provided secure accommodation for the firearm and ammunition.	Yes		No	
Will comply with such other conditions specified in the firearm certificate as considered necessary by the issuing authority.	Yes		No	
Has supplied all necessary details required under the Firearms Acts.	Yes		No	
Has a good and sufficient reason for requiring the firearm. (Please note that sufficient reason relates only to restricted firearms)	Yes		No	
Is not a person disentitled under Section 8 of the Firearms Act 1925 as amended to hold a firearm certificate	Yes		No	
Has demonstrated the firearm, when Restricted , is the only type appropriate for the purpose for which it is required.	Yes		No	

SECTION 10 - DECISION (M) *Official use only*

This application relates to a: **Non Restricted Firearm** ☐ **Restricted Firearm** ☐

Decision of Superintendent* / Chief Superintendent* *(delete as appropriate):*

I GRANT a Firearm Certificate to the applicant

Signed _____ Superintendent / Chief Superintendent (as appropriate)

Existing conditions attached to Certificate:

The following additional conditions are attached to the Certificate (if any):

I DO NOT GRANT a Firearm Certificate to the applicant

Signed _____ Superintendent / Chief Superintendent (as appropriate)

My reason(s) for not granting is/are as follows (factors to consider may include the following, a) No Good or Sufficient Reason b) Public Safety Concerns and c) if Applicant is Disentitled to possess, use or carry a firearm, etc):

SURNAME:

FIRST NAME:

RANK:

REG. NO:

SIGNATURE:

DISTRICT / DIVISIONAL STAMP