

Firearm Certificate Application-(Non-Residents)-Firearms Acts, 1925 to 2000.



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 Siochana). Acceptable forms of payment are Cheques written in Euro drawn on Irish 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 arrival to allow for processing and return by post. Applications received less than six weeks prior to arrival cannot be guaranteed to be processed on time.
4. If you are a member of a gun club, game association, etc. (within the 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 SIOCHANA (POLICE) OF THE DISTRICT IN WHICH THE FIREARM WILL FIRST BE USED BY THE PERSON AND MUST BE ACCOMPANIED BY THE FOLLOWING :

- Appropriate Fee. (See overleaf)
- Residents of E.C. Member States in which the European Firearm 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 Licence from Duchás, National Parks and Wildlife, Department of Arts, Heritage, Gaeltacht and the Islands, 7 Ely Place, Dublin 2. Tel. No : (01) 6472408/ 6472410. Application Forms for Deer Hunting may be downloaded from Web Site www.ealga.ie.

** Please note that all Firearm Certificates expire on 31st July, annually and are not renewable.*

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 relevant Authority in this State.? Yes/No. _____

If you are a member of a Gun Club (within the State) 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.

RIFLE (INC. AIR RIFLE)

| | 1 st . Gun €38 | 2 nd . Gun €38 |
|-----------------|---------------------------|---------------------------|
| Serial Number : | | |
| Calibre : | | |
| Type : ** | | |
| Make : | | |

** Bolt Action/Semi Auto/Self Loading/Lever Action/Long Rifle/Air Rifle/Combination

SHOTGUN

| | 1 st . Gun €25 | 2 nd . Gun €6 | 3 rd . Gun €6 |
|--------------------|---------------------------|--------------------------|--------------------------|
| Serial Number : | | | |
| Calibre | | | |
| Type : ** | | | |
| Make : | | | |
| Length of Barrel : | | | |

** Single Barrel/Double Barrel (Under and Over)/Double Barrel (Side by Side)

CROSSBOW

| | 1 st . Crossbow €25 | 2 nd . Crossbow €6 |
|-----------------|--------------------------------|-------------------------------|
| Serial Number : | | |
| Type : | | |
| Make : | | |

3. TRAVEL DETAILS:

DATE OF ARRIVAL: _____ DATE OF DEPARTURE : _____

PORT/AIRPORT OF ARRIVAL: _____ PORT/AIRPORT OF DEPARTURE : _____

PROPOSED ADDRESS IN IRELAND: _____

NAME AND ADDRESS OF SHOOT PROMOTOR/COMPETITION ORGANISERS (if applicable) : _____

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 licence from Dúchas, National Parks and Wildlife, 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

**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. ALSO, THE FULL POSTAL ADDRESS MUST BE INCLUDED IN RESPECT OF THE PERSON/S NAMED IN COLUMNS 4 & 5 OF THE SCHEDULE | | | | |
| COUNTY (1) | TOWNLAND(S) (2) | APPROXIMATE AREA IN ACRES/HECTARES (3) | NAME, ADDRESS AND PHONE NUMBER OF OWNER, OCCUPIER OF THE LAND (4) | NAME, ADDRESS AND PHONE NUMBER OF PERSONS ENTITLED TO THE SPORTING RIGHTS (5) |
| | | | | |

*** EVEN IF LANDS TO BE USED ARE THE SAME AS IN YOUR PREVIOUS APPLICATION FULL DETAILS MUST BE ENTERED ABOVE.**

SIGNATURE (APPLICANT) : _____ DATE : _____

SIGNATURE OF WITNESS : _____ DATE : _____

ADDRESS OF WITNESS : _____

OCCUPATION : _____

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

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

PARTICULARS OF APPLICATION ARE CORRECT. YES NO

SUBMITTED BY: NAME : _____ GARDA REG NO: _____ DATE _____

RECOMMENDED : YES _____ NO _____

THE FEE € _____ ATTACHED :

POSTAL ORDER: MONEY ORDER : CHEQUE :

STATION STAMP :

STATION : _____

SIGNATURE : _____

TO BE COMPLETED BY DISTRICT OFFICER :

STATION : _____

DISTRICT OFFICE STAMP :

COMMENT : _____

SIGNATURE : _____