

Application for a Temporary Firearm Permit

Use this form for ALL firearms, ammunition and airguns to be brought to the Isle of Man for the Easter Shooting Festival

Please complete in BLOCK CA	PITALS and in I	olack ink.						
Surname								
Forename(s)								
Previous name(s) used by app	olicant (if applic	able).						
Date of birth								
Contact telephone number								
Home address								
	Postcode							
Staying at								
	Postcode							
Nationality			1					
Occupation								
I hereby apply to possess in the Isle of Man the following firearm(s) and/or ammunition.								
From			Until			(both	dates inclusive)	
Weapon make		Type (Rifle/Pistol/Revolver)		Serial No.	Cal	ibre	Ammunition (amount)	
						ote: a conv	of current firearm	
Current firearm certificate number		certificate must accompany the application.)						
Issued by		To be stored a	wornia	ht by Organicore i			rioc	
Where firearm(s) are to be kept.		To be stored overnight by Organisers in approved armouries. (Note: firearms are not to be kept in hotel rooms or in temporary accommodation.)						
Reason for visit to the Island.		Taking part in Easter Shooting Festival.						
Where firearm(s) are to be used.		On approved ranges employed for the Festival.						
		V						

Putting the Customer First

Have you been found guilty of or convicted of any offence?

Yes

No

If you answered $\boldsymbol{Yes},$ give details.

(Note: You are not entitled to withhold information about any offence. This includes convictions in places outside the Isle of Man).

Signature

Date

To enable the Firearms department to process your application without delay, please ensure that all information is completed and a copy of your current certificate is attached.

Send completed form to: Isle of Man Easter Shooting Festival 25 Glen Vine Park Marown Isle of Man IM4 4EY

Email: easter@isleofmanshooting.com

For official use only								
Permit granted/refused		Permit No						
Comments								