



An Garda Síochána
FIREARM CERTIFICATE APPLICATION
Firearms Act, 1925 – 2009 as amended

Form FCA1
As Amended
 March 2020

For use by An Garda Síochána

PULSE Application Number.	Applicant Person PULSE ID.	New Certificate Number.
		Complete only when new certificate is granted

*Sections 1 to 5 to be completed by applicant, using legible **BLOCK CAPITALS**. Use a separate sheet for extra information if necessary.*

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

(C) *Indicates conditional boxes or fields which must be completed if relevant to this specific application.*

SECTION 1 - APPLICATION TYPE

<p>This Application relates to: (Tick <u>✓</u> <i>one</i> box only). (M)</p> <p>Firearm Certificate Restricted Firearm Certificate Limited Firearm Certificate Training Firearm Certificate Substitution of Firearm</p>	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Photo Min = 35mm x 45mm, Max = 38mm x 50mm</p> </div>
<p><i>(Tick <u>✓</u> one box only). (M)</i></p> <p>I <u>have held</u> a certificate for this firearm in the previous 3 years. The certificate number is</p> <p>I <u>have not held</u> a certificate for this firearm in the previous 3 years. The details of the source of the firearm are provided in Section 3 of this form.</p>	

SECTION 2 - PERSONAL DETAILS

2.1. - Personal Identification Details

Surname: (M)	Date of birth (M) (dd,mm,yyyy)	
First Name: (M)	Gender: (M) Male Female	
Middle Name:	Occupation	Nationality: (M)
Address of usual residence (M)	Address of Secondary residence if relevant, (c)	
County (M)	County	
Contact Phone No.s:	Contact Phone No.s:	
Applicants Local Garda Station		
Have you ever changed your Name? (M) Yes No <i>If yes, provide details a separate sheet</i>		
Have you ever lived at an address other than your current one? (M) Yes No <i>If yes, provide details on a separate sheet</i>		

Section 2.2 - Brief Medical History / Medical Enquiries

Please provide details of your medical practitioner / professional(s)

Details of General Medical Practitioner / Doctor (M)	Details of other Medical Professionals if any
Surname	Surname
First Name	First Name
Address	Address
Contact Phone No.s:	Contact Phone No.s:

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? Yes No If "Yes" please provide full details.

Note : Answering "Yes" in this section, does not necessarily mean your application will be refused but it may lead to further enquiries

Note : 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.

Section 2.3 - Character Referees (M) To be completed in all cases other than 'Substitution' of firearm

If you are merely substituting your currently licensed firearm with a similar firearm, you can ignore Section 2.3. Otherwise, provide details of 2 referees who may be contacted to attest to your character. (These should not be Garda members)

REFEREE 1	REFEREE 2
Surname	Surname
First Name	First Name
Middle Name:	Middle Name:
Date of birth (dd, mm, yyyy)	Date of birth (dd, mm, yyyy)
Address	Address
Contact Phone No.s:	Contact Phone No.s:
Occupation	Occupation

(NFP) **Section 2.4 - Previous History**

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: _____

(NFP) **Section 2.5 - Proof of Competence - in Possession, Use and Carriage of Firearm**

If this is a first time application, please provide proof of your competence in the possession, use and carriage of firearms. (C)

SECTION 3 - FIREARM DETAILS

3.1 - Firearm Details (M) Complete 3.1, as follows: Record details of the new firearm, if; (A) you are applying for a new certificate for a new firearm, or, (B) you are substituting a newer firearm for a current one on a like for like basis.

Serial No (M)	Make (M)	Model (M)
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Calibre (M)	Type : (M) Air Gun Crossbow Revolver Rifle Pistol Shotgun
	Other (specify) _____

Sub-Type (c) Tick appropriate box(es)

Air Pistol	Air Rifle	Bolt Action	Breech Loading	Double Barrel	Lever Action
Paint Ball Gun	Pump Action	Repeater	Semi Auto	Shotgun & Rifle Combined	Single Barrel
Single Shot	Other (specify)				

3.2 - Accessories Tick appropriate box(es) if relevant: **Silencer** **Sights / Other (specify)**

3.3 - Source of Firearm (Complete 3.3 (A) or (B) if you did not hold a certificate for this firearm in the previous 3 years.)

(A) Purchased from Firearm Dealer (c) PULSE Dealer I.D.: (c)	Dealer Name: (c)

(B) Acquired from Private Source (c) Firearm's Previous Cert' No. (c)

Private Source's ;

Surname (c)	Private Source's Address (c)
First Name (c)	
Contact Phone No.s:	

(Provide brief details as to how you acquired firearm e.g. gift/inheritance etc.)

3.4 - Firearm Substitution (Complete 3.4 if you are replacing your current firearm with a different one.)

Current Firearm Details: (i.e. the firearm being replaced)

Serial No (M)	Make (M)	Model (M)
Calibre (M)	Type : (M)	Air Gun Crossbow Revolver Rifle Pistol Shotgun Other (specify) _____

Sub-Type (c) Tick appropriate box(es)

Air Pistol	Air Rifle	Bolt Action	Breech Loading	Double Barrel	Lever Action
Paint Ball Gun	Pump Action	Repeater	Semi Auto	Shotgun & Rifle Combined	Single Barrel
Single Shot	Other	(specify) _____			

Tick one of the options a, b or c below, to show the outcome of the firearm you are replacing (C)

(a) Transfer of Firearm to Dealer	Pulse Dealer I.D (c)	Dealer Name: (c)
(b) Transfer of Firearm to Outside Jurisdiction.		

(c) Transfer of Firearm to Private Recipient

Private Recipient's Firearm Cert No. relevant to this firearm (c)

Private Recipient's ;	Private Recipient's Address (c)
Surname(c)	
First Name(c)	
Contact Phone No.s:	

(NFP) 3.5 - Firearm Storage Details

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

Have you fully* complied with the requirements of the Firearms (Secure Accommodation) Regulations 2009? (M)

YES NO

If the firearm will normally be stored at a location other than your home address, please provide details of the location of where the firearm will be stored: _____*Your requirements will depend on the number and type of firearms you possess. Specific details of requirements are contained in S.I. No. 307 of 2009 Firearms (Secure Accommodation) Regulations 2009, and S.I. No. 420/2019 accessible on www.garda.ie .

SECTION 4 - CERTIFICATE DETAILS

4.1 - Certificate Details

Do you require your Firearm Certificate in **Irish** **English** *Tick ✓ one box only*

State the Maximum number of Rounds of Ammunition Applied for: **(M)**

If you will have joint use of this firearm, please provide the certificate number of the other user:

4.2 - Reason why this Type of Firearm is required.

This firearm will be used for: (*Tick ✓ appropriate box(es)*) **(M)**

Hunting **Target shooting at Authorised Range** **Other (Specify, e.g. Clay Pigeon, Vermin Control, etc)**

Please explain, on a Separate Sheet, why this specific type of firearm is required.

4.3 - Shooting Range / Rifle / Pistol Club Details

Where it is a requirement for the granting of your certificate, that you are a member of an Authorised Pistol/Rifle Club and/or that you use an Authorised Range, complete the relevant fields below and provide proof of membership.

Authorised Pistol/Rifle Club Name (c)

Authorised Pistol/Rifle Club PULSE ID (c)

Club Membership No. (c)

Authorised Pistol/Rifle Club Contact No.s

Authorised Range Name (c)

Authorised Range PULSE ID (c)

Range Membership No. (c)

Authorised Range Contact No.s

4.4 - Firearms Training Certificate (Complete only if seeking a Training Cert) (c)

Specified Holder Certificate No:*

** For these details, refer to the Firearm Certificate of the person specified to supervise your training.*

If you are over 14 and under 16 years of age, your parent or guardian must complete the following written consent in respect of the firearm described and their details must be provided below.

Consent of Parent * / Guardian * (c) *(* Delete as appropriate)*

I declare that I am the Parent* / Guardian * of (insert applicants name) _____

I am fully aware of the circumstances of this application and I give my full consent to this application being granted.

Signature of Parent * / Guardian * _____ **Dated** _____

Parent's * / Guardian's * Details; *(* Delete as appropriate)*

Surname (c)

Address (c)

First Name (c)

Date of birth (dd,mm,yyyy)

Occupation:

Contact Phone No.s:

SECTION 5 - WILDLIFE ACTS & LAND OCCUPIER DETAILS (c)

5.1. - Wildlife Act Requirements

Do you intend to use the firearm, subject of this application, to hunt and kill exempted wild mammals within the meaning of the Wildlife Act 1976? **YES** **NO**

If you answered Yes, attach a copy of a relevant licence from the National Parks and Wildlife Service .

5.2. - Farm/Land Nomination Details (c) *(Complete this section if a Limited Certificate is applied for)*

I have received a nomination in writing from the land occupier* or, I am the occupier of land where I intend to use the above shotgun only for the killing of animals and birds (other than protected wild animals and birds within the meaning of the Wildlife Act, 1976) on the farm / land.

* NOTE: *(If the applicant does not own the land in question, written permission from the land-occupier must be supplied)*

LAND OCCUPIER/NOMINATOR DETAILS		LAND DETAILS
Surname (c)	First Name (c)	
Address of Nominator's Residence (c)		Address of Land (c)
Local Garda Station (c)		Local Garda Station (c)
Contact Phone No.s:		Contact Phone No.s:

(NFP) 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 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 : _____ **Date:** _____

(NFP) **SECTION 6 - DETAILS OF OTHER CERTIFICATE**
For completion by the Garda member conducting relevant background inquiries (c)

6.1. - The Applicant has previously held a Firearm Certificate for this firearm YES* NO

PULSE Certificate No.		Certificate Type		Garda District	
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6.2. - The Applicant currently holds one or more certificate(s) for other firearms YES* NO

PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	

**If yes, provide details including the certificate number(s), type(s) and the Garda District for which the certificate was issued*

(NFP) **SECTION 7 - VALIDATION**
For completion by the Garda member receiving the application at local station where applicant resides (M)

I am satisfied as to the proof of the applicant's identity because: (Tick ✓ as appropriate)
 The Applicant is personally known to me.
 The Applicant has been personally identified to me by a reliable person who is personally known to me.
 The applicant has provided other satisfactory proof of identity
 (Give brief details including any reference number of any document produced e.g. Driving Licence, Passport, Age Card, etc).

Date	Surname	Rank	Signature
Garda Reg. No.	First name	Station	

Station
Office Stamp

(NFP) **SECTION 8 - CONDITIONS TO CONSIDER BY ISSUING SUPERINTENDENT OR CHIEF SUPERINTENDENT (M)**

The applicant must satisfy the issuing person the 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 9 - DECISION

For completion by issuing Superintendent OR Chief Superintendent (depending on whether firearm is restricted or not) (M)

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 * (Delete as appropriate)**

My reason(s) for granting the firearm certificate is * / are * as follows :

(* Delete as appropriate)

The following additional **conditions** are attached to the Certificate (if any, e.g. Maximum number of rounds of ammunition and safety when transporting firearms. See Garda *Commissioner's Guidelines* for further guidance):

I DO NOT GRANT a Firearm Certificate to the applicant.

Signed _____ **Superintendent * / Chief Superintendent * (Delete 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):

(* Delete as appropriate)

Date:	Surname:	Rank:
Reg. No.	First Name:	Station:
Signature:		

**District or Divisional
Office Stamp**

Checklist

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	Photo of applicant for inclusion on records, (passport size photo, minimum = 35mm x 45mm, maximum = 38mm x 50mm).	
3	Brief medical history.	
4	Consent and contact details for further inquiries into medical history.	
5	Previous History of applicant.	
6	Proof of competence.	
7	Note from dealer or previous owner, if this application relates to a newly acquired firearm.	
8	Adequate explanation as to why this specific type of firearm is required.	
9	Confirmation of secure accommodation / storage.	
10	Proof of membership of Authorised Rifle /Pistol Club or Range, if such membership is a condition for granting this application.	
11	Parent /Guardian Consent, if applicant is under 16 years and is applying for a training certificate.	
12	Deer Hunter Licence / relevant licence from the National Parks and Wildlife Service, if applicant intends hunting and killing exempted wild mammals within the meaning of the Wildlife Act 1976.	
13	Landowners Permission if relevant.	
14	Names, addresses and contact details of two character referees who are over 18 years old.	
15	Applicant's Declaration on form, completed and signed.	