



# Application for a Temporary Firearm Permit

Please complete in BLOCK CAPITALS and in black ink.

Surname

Forename(s)

Previous name(s) used by applicant (if applicable).

Date of birth

Contact telephone number

Home address

Postcode

Staying at

Postcode

Nationality

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.	Calibre	Ammunition (amount)

Current firearm certificate number  **(Note: a copy of current firearm certificate must accompany the application.)**

Issued by

Where firearm(s) are to be kept.   
**(Note: firearms are not to be kept in hotel rooms or in temporary accommodation.)**

Reason for visit to the Island.

Where firearm(s) are to be used.



Putting the **Customer First**

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

Yes  No

If you answered **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:** Firearms Licensing Department  
Department of Home Affairs  
Tromode Road  
Douglas  
Isle of Man  
IM2 5PA

**For official use only**

**Permit granted/refused**

**Permit No**

**Comments**