



INDIVIDUAL APPLICATION FOR PROVISIONAL LICENSE TO OWN AND POSSESS FIREARMS (PLTOPF)

(To be filled out by Applicant completely and legibly)

Day Month Year

DATE : / /

PERSONAL INFORMATION OF THE LICENSEE

Last Name:

First Name: **Qualifier:**

Middle Name:

E-Mail Address:

Place of Birth:

Date of Birth: / / (dd/mm/yyyy) **Gender:** M F

Mobile No.: **Telephone No.:** ()

Present Address:

Gender: M F

Unit No./Bldg:

Street/Brgy:

City/Municipality:

Region: **Postal Code:**

Next of Kin/ Representative:

Last Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>

Mobile No. **Telephone No.:** ()

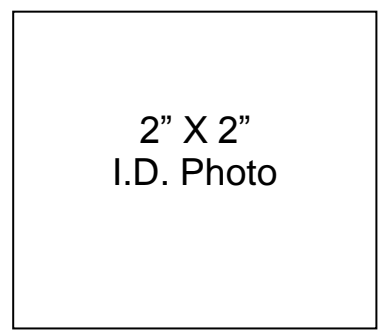
CERTIFICATION AND UNDERTAKING

I hereby certify that, pursuant to the provisions of Republic Act 10591, all statements provided herein are true and correct. Any misdeclaration/falsity stated in this application may be a basis for the cancellation of my license and the revocation of the registration/s of my firearm/s and its/their eventual confiscation without prejudice to the filing of criminal and/or civil case against me.

I fully understand that the PLTOPF is valid only for a period of nine (9) months upon approval and within such period, I may renew and/or transfer my firearm license/registration.

I am not allowed to acquire, by way of purchase or any other means of acquisition, any firearm.

Further, I may apply for a regular LTOPF upon compliance with the mandatory requirements provided by law.



Signature above printed name

PLIOTOPE