



# INDIVIDUAL APPLICATION FOR FIREARM REGISTRATION



(To be filled out by FEO Personnel only)

REGISTRATION CONTROL No.:

Grid for Registration Control No. with dashes in the 3rd, 6th, and 9th positions.

TYPE OF APPLICATION:

- NEW
- RENEWAL
- TRANSFER

(To be filled out by Applicant completely and legibly)

LICENSE CONTROL No.:

Grid for License Control No. with dashes in the 3rd, 6th, and 9th positions.

DATE:

DATE grid with Day, Month, and Year labels.

TYPE OF LICENSE:

Grid for Type of License.

OTHER LICENSE/S:

- Sports Shooter
- Antique Firearm Collector
- Gun Collector

Last Name:

Grid for Last Name.

First Name:

Grid for First Name.

Middle Name:

Grid for Middle Name.

Qualifier:

Grid for Qualifier.

Primary Address (1):

Telephone No.:

Telephone No. grid with parentheses.

Unit No./Bldg:

Grid for Unit No./Bldg.

Street/Brgy:

Grid for Street/Brgy.

City/Municipality:

Grid for City/Municipality.

Region:

Grid for Region.

Postal Code:

Grid for Postal Code.

Other Address (2):

Telephone No.:

Telephone No. grid with parentheses.

Unit No./Bldg:

Grid for Unit No./Bldg.

Street/Brgy:

Grid for Street/Brgy.

City/Municipality:

Grid for City/Municipality.

Region:

Grid for Region.

Postal Code:

Grid for Postal Code.

### FIREARM/S INFORMATION

SOURCE OF FIREARM	KIND	MAKE	MODEL	CALIBER	SERIAL NUMBER	Address (1or2)

(Fill out separate sheet if necessary. For firearm/s with different address, please fill out on separate **Registration Form/s.**)

### CONSENT OF VOLUNTARY PRESENTATION FOR INSPECTION

I hereby undertake to renew the registration of my firearm/s on or before the expiration of the same; that, pursuant to the provisions of Republic Act No. 10591, I voluntarily give my consent and authorize the PNP to inspect my firearm/s described above at my residence/address as indicated in my application and, to confiscate or forfeit the same in favor of the government for failure to renew my firearm/s registration/s within six (6) months before the date of its expiration.

Signature above printed name

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ applicant exhibited to me his/her competent evidence of identity issued by \_\_\_\_\_, bearing ID No. \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_\_.

Doc. No.: \_\_\_\_\_  
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 Book No.: \_\_\_\_\_  
 Series of 20 \_\_\_\_\_

NOTARY PUBLIC