



INDIVIDUAL APPLICATION FOR LICENSE TO OWN AND POSSESS FIREARM (LTOPF)



(To be filled out by FEO Personnel only)

LICENSE CONTROL No.:

				-			-				-			
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TYPE OF APPLICATION:

- NEW
 RENEWAL

TYPE OF LICENSE:
 TYPE 1
 TYPE 2
 TYPE3
 TYPE 4
 TYPE 5

OTHER LICENSE/S:
 Sports Shooter
 Antique Firearm Collector
 Gun Collector

(To be filled out by Applicant completely and legibly)

DATE :

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PERSONAL INFORMATION

Last Name:

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First Name:

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Middle Name:

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Qualifier:

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E-Mail Address:

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Place of Birth:

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Date of Birth:

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Gender: M F

Mobile No.: + 6 3

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TIN:

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Primary Address: **Telephone No.:** (

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Unit No./Bldg:

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Street/Brgy:

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City/Municipality:

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Region:

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Postal Code:

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Next of Kin:

Last Name	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																				
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Mobile No.: + 6 3

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Telephone No.: (

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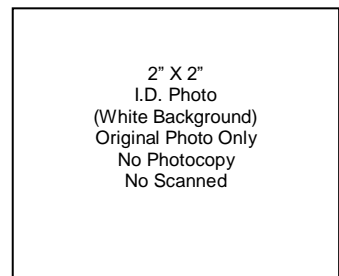
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- Qualification:**
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Businessman | <input type="checkbox"/> Professional | <input type="checkbox"/> Private Employee | <input type="checkbox"/> PNP/AFP/Other LEAs |
| <input type="checkbox"/> Elected Official | <input type="checkbox"/> Gov't Official | <input type="checkbox"/> Gov't Employee | <input type="checkbox"/> Ret. PNP/AFP/Other LEAs |
| <input type="checkbox"/> Reserve AFP | <input type="checkbox"/> Ret. Gov't Official | <input type="checkbox"/> Ret. Gov't Employee | <input type="checkbox"/> Others _____ |

CERTIFICATION AND UNDERTAKING

I hereby certify that, pursuant to the provisions of Republic Act 10591, all statements provided herein are true and correct. Further, I certify that I have not been convicted of any crime involving moral turpitude, nor have I been convicted or am currently an accused in a pending criminal case for a crime that is punishable with a penalty of more than two (2) years. Any misdeclaration/falsity stated in this application shall 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.



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.: _____
Page No.: _____
Book No.: _____
Series of 20 _____



NOTARY PUBLIC

RIGHT THUMBMARK
(Roll thumbprint from left to right)