



Republic of the Philippines
NATIONAL POLICE COMMISSION
NATIONAL HEADQUARTERS PHILIPPINE NATIONAL POLICE
CIVIL SECURITY GROUP
Firearms and Explosives Office
 Camp Crame, Quezon City



Write in all capital letters & mark (v) the BOX provided if needed

| LOST FIREARM TAGGING REQUEST FORM | | | | | | | | | | | | | | | |
|------------------------------------------|------------|---------|---------------|--|-----------|---|---|---|---|---------------|---|---|---|---|---|
| Control No. | | | | | Date | d | d | / | m | m | / | y | e | a | r |
| INFORMATION OF REQUESTING ENTITY | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | Qualifier | | | | | |
| NAME OF THE FIREARM HOLDER | | | | | JURIDICAL | | | | | INDIVIDUAL | | | | | |
| Last Name | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | Qualifier | | | | | |
| Company Name | | | | | | | | | | | | | | | |
| ADDRESS OF THE FIREARM HOLDER | | | | | | | | | | | | | | | |
| Unit No./Bldg | | | | | | | | | | | | | | | |
| Street/Bgy | | | | | | | | | | | | | | | |
| City/Municipality | | | | | Region | | | | | | | | | | |
| CONTACT NOS. | | | | | | | | | | | | | | | |
| Landline | | | | | | | | | | Email Address | | | | | |
| Mobile Phone No. | | | | | | | | | | | | | | | |
| FIREARM/S DATA | | | | | | | | | | | | | | | |
| KIND | MAKE/MODEL | CALIBER | SERIAL NUMBER | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

(To be filled out by Verifier/Tagger Only)

TAGGED AS UI ON: _____

Verifier/Tagger: _____

(To be filled out by Duty I & E Section Personnel Only)

CHECKLIST OF REQUIREMENTS

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> LOST FIREARM TAGGING REQUEST FORM <input type="checkbox"/> ORIGINAL INVESTIGATION REPORT <input type="checkbox"/> ORIGINAL AND NOTARIZED AFFIDAVIT OF LOSS <input type="checkbox"/> SPECIAL POWER OF ATTY (SPA) IF REQUESTED THROUGH A REPRESENTATIVE <input type="checkbox"/> PTCFOR IF LOST OUTSIDE OF RESIDENCE | <input type="checkbox"/> ORIGINAL SPECIAL BANK RECEIPT (Amount: Php _____) <input type="checkbox"/> ORIGINAL CERTIFICATE OF POLICE BLOTTER <input type="checkbox"/> DEATH CERTIFICATE (If Licensee is deceased) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DATE FILED: _____

REMARKS: _____

DATE OF INCIDENT: _____

DATE REPORTED: _____

Received By: _____

Signature of Applicant

Duty I & E Section, EEMD