

INFORMATION SHEET

Application for Renewal of a Firearms Licence for an Individual

BEFORE YOU START...

USE THIS FORM to renew your firearms licence.

DO NOT USE THIS FORM to apply for a first-time licence or to change your existing Possession Only Licence to a Possession and Acquisition Licence. Call 1 800 731-4000 and ask for an "Application for a Possession and Acquisition Licence under the *Firearms Act* (for Individuals Aged 18 and Over)" (CAFC 921).

IF YOU CURRENTLY POSSESS FIREARMS, YOU MUST APPLY TO RENEW YOUR LICENCE BEFORE THE EXPIRY DATE INDICATED ON YOUR CURRENT LICENCE.

PLEASE NOTE

You must complete all sections of the form except for Section F - Fees. The fee to renew a firearms licence has been waived. An incomplete form will cause delays in processing your application.

- A firearms licence is valid for five (5) years.
- You do not need to renew your licence if you have lawfully disposed of all firearms in your possession, are not required to handle firearms for employment purposes and do not intend to obtain, transport, store or borrow firearms or obtain ammunition.

IF YOU NEED ADDITIONAL SPACE, list all information requested on a separate sheet of paper, add your name and licence number to the top of each sheet and attach the sheet to your application.

IF YOU NEED HELP COMPLETING THIS APPLICATION FORM, call 1 800 731-4000. Additional information and some application forms are also available on our Web site at *www.cfc-cafc.gc.ca*.

Mail your completed application form and all attachments to:

Central Processing Site P.O. Box 1200 Miramichi, NB E1N 5Z3 The following information explains certain parts of the form and will help you answer some of the questions. You should read the instructions as you fill in your form. If you are still unsure about a question, call 1 800 731-4000 for assistance.

A - LICENCE INFORMATION

If you want to change the class of firearm you may possess and/or acquire you must apply for a new licence using the form "Application for a Possession and Acquisition Licence Under the *Firearms Act* (for Individuals Aged 18 and Over)" (CAFC 921).

B - PERSONAL INFORMATION

Boxes 4 a), b) and c)

Please do not use initials or nicknames. Your last, first and middle name must be written in full. Junior (Jr.) or Senior (Sr.) can only be used if they form part of your legal name. If Junior (Jr.) or Senior (Sr.) form part of your legal name, please provide a photocopy of an official piece of documentation issued by a municipal, provincial or federal government that bears your full name.

If you have legally changed your name, please provide a photocopy of the supporting documentation. For example if you have changed your name by marriage, please attach a photocopy of your marriage certificate to your application form.

Box 4 e) Street and land location

If you live in a rural area and do not have an address with a street number and name, provide your rural address (for example: lot and concession number). If you live on a reserve, provide the reserve number, or if you live in an Inuit community, provide your house number, box number or lot number. If your legal land location is unavailable, please provide a general description of your home location, e.g. 2km east of route 6.

C - PERSONAL HISTORY

All questions in Section C must be answered by all applicants.

Non-Residents of Canada

If you are a non-resident of Canada you must obtain a letter of good conduct issued by your local or state police.



Letter of Good Conduct Required for Non-residents of Canada Only

A letter of good conduct must be written in the English or French language on the police department's official letter head paper. Please attach the letter to your application form.

D and E - INFORMATION ABOUT CURRENT AND FORMER CONJUGAL PARTNERS

Conjugal partner includes spouses and common law partners and all other persons with whom you live or have lived in a similar relationship within the last 2 years.

A spouse is a person to whom you are legally married. A common-law partner is a person who is living with you in a conjugal relationship, having so lived for a period of at least one year.

Boxes 7 and 8

The signature(s) of your current and former conjugal partner(s) is not legally required.

However, if their signature(s) is not provided, the Chief Firearms Officer has a duty to notify them of your application to renew your firearms licence.

CHECKLIST

Before mailing your application, have you...

- answered all questions?
- attached your photo to your application?

attached a separate sheet of paper with additional
 information with your name and licence number if necessary?

signed and dated the declaration?

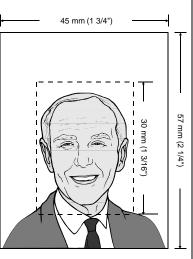
PHOTO INSTRUCTIONS

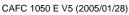
You are not required to submit a passport type photograph or a photograph that has been taken by a professional photographer. However your photograph must meet the following criteria:

- Show a full front view of your head and shoulders.
- Use a plain, contrasting background without shadows.
- Do not wear a hat or sunglasses. Your eyes should be clearly visible and should not appear to be red.
- The photo should have been taken within the last twelve (12) months.
 Size: the photo should be no larger than 45 mm x 57 mm
- (1 3/4" x 2 1/4"). Your head in the photograph must be at least 30 mm (1 3/16") high.
- The photo must be original, not taken from an existing photo.
- Digitally produced photos are acceptable provided all other requirements are met.
- Cut the photograph to fit the size requirements before sending it to us.

SIGNATURE INSTRUCTIONS

- Print and sign your name on the back of your photograph.





STICKER INSTRUCTIONS:

- Print your name on the label below.
- Cut and affix the label to the back of your photograph.
- Enclose the photograph with your application.

| \times | |
|----------|-------------------|
| | Ì |
| ĺ | |
| ĺ | |
| | |
| | Name of applicant |
| | |
| | |
| | |
| L | |



APPLICATION FOR RENEWAL OF A FIREARMS LICENCE FOR AN INDIVIDUAL

ATTENTION:

Read the Information Sheet for explanations. Use an "X" to indicate your answers (where required). Print clearly in blue or black ink.

| Α | LICENCE | INFORMATION | J |
|---|---------|-------------|---|

| 1. Firearms licence number | 2. Licence expiry date |
|---|---------------------------------------|
| | |
| 3. Class of firearm on current licence (See the class of firearm information on the | he back of your current licence card) |
| a) Possession | b) Acquisition |
| | |

B PERSONAL INFORMATION (see Information Sheet)

PERSONAL INFORMATION. Do not use initials or nicknames.

| ne |
|----|
| |

С

| b) First name | | | | iddle name | d) Date of birth (Y / M / D) | | | |
|---|-------------------------|---------------------------------------|---|------------|------------------------------|---|----------------|----------------|
| | | | | | | | | |
| e) Street / Land location | | | | | | | | f) Apt. / Unit |
| | | | | | | | | |
| g) City | h) Province | e / Territory | / | | i) (| i) Country | | j) Postal code |
| | | | | | | | | |
| k) Daytime telephone number | Extension | Extension I) Evening telephone number | | | | Extension m) E-Mail address (if applicable) | | |
| () – | () – | | | | | | | |
| MAILING ADDRESS Check this box if your mailing address is the same as your home address. | | | | | | | | |
| 5. a) Street / Rural route / PO box num | | | | | | b) Apt. / Unit | | |
| | | | | | | | | |
| c) City | d) Province / Territory | | | e) | Country | | f) Postal code | |
| | | | | | | | | |

PERSONAL HISTORY (see Information Sheet)

If you answer **YES** to any of the questions in this section, you **MUST** provide details on a separate page. Add your name and licence number at the top of each page you attach. If details are not provided, your application cannot be processed. A **YES** answer **does not mean** your application will be refused but it may lead to further examination.

| 6. a) | During the past five (5) years, have you been subject to a peace bond, protection order or an order under section 810 of the <i>Criminal Code</i> ? | Yes No |
|-------|--|--------|
| b) | Is any member of your household prohibited from possessing any firearm? | Yes No |
| c) | During the past five (5) years, have you threatened or attempted suicide, or have you suffered from or been diagnosed or treated by a medical practitioner for: depression; alcohol, drug or substance abuse; behavioural problems; or emotional problems? | Yes No |
| d) | During the past two (2) years, have you experienced a divorce, a separation, a breakdown of a significant relationship, job loss or bankruptcy? | Yes No |

D INFORMATION ABOUT CURRENT CONJUGAL PARTNER (see Information Sheet)

Please provide information on your conjugal partner.

| Not applicable. I a | am not living with a sp | ouse, common-la | w pa | rtner or a | iny oth | er conju | gal partner. | | | |
|--|------------------------------------|--------------------------|---------|---------------|------------|--------------|---|---------------------|----------------------------------|---------------------------|
| 7. a) Last name of current spo conjugal partner | ouse, common-law or other | b) First name | | | | c) Midd | lle name | | d) Date of birth | (Y / M / D) |
| | If the signature of y the Chi | | | | | | ijugal partner is no f your application. | ot provided, | , | |
| IF YOU HAVE ANY SAF | ETY CONCERNS ABO | UT THIS APPLIC | ATION | I, PLEAS | E CALI | _ 1 800 7 | 31-4000. | | | |
| e) Signature of spouse, o | common-law or other cc | njugal partner | f) | Date (Y | / M / D) | | g) Telephone number | r and time whe | n he/she may be cor Extension | ntacted day evening |
| E INFORMATION AE | SOUT FORMER CONJU | IGAL PARTNER (| see In | formatio | n Shee | t) | | | | |
| Provide information on y conjugal relationship wit | | | | | | | | | whom you have | e lived in a |
| Not applicable. I have | e not lived with a spouse, c | ommon-law or other | conjug | al partner | in the las | st two (2) y | years (other than the pe | erson named in | n Box 7). | |
| 8. a) Last name of former spo | ouse, common-law or other c | onjugal partner b) | Forme | er spouse, o | common- | law or othe | er conjugal partner's first | t name | c) Date of birth | (Y / M / D) |
| I declare that I do | not know the current a | address and/or te | lepho | ne numb | er of m | ny forme | r spouse, commor | n-law or oth | ner conjugal par | tner. |
| d) Street / Rural route / F | PO Box number | | | | | | | e) Apt. / U | Init | |
| f) City | | | | g) Prov | ince / T | erritory | | | | |
| h) Country | | | | 1 | | | | i) Postal c | ode | |
| ŀ | f the signature of your the Chi | | | | | | conjugal partner is f your application. | s not provid | ded, | |
| IF YOU HAVE ANY SAF | ETY CONCERNS ABO | UT THIS APPLIC | | I, PLEAS | E CALI | 1 800 7 | 31-4000. | | | |
| j) Signature of former spouse, | common-law partner or othe | r conjugal partner | k) |) Date (Y / N | Л / D) | | I) Telephone number | and time wher | n he/she may be con Extension | 🗌 day |
| | | | | <u> </u> | | | () | - | | evening |
| F FEES If you ha | ve previously held a | firearms licent | ce un | der the | Firear | ms Act, | do not enclose | a fee. | | |
| Check this box if a | fee waiver applies to yo | u. (see Information | h Shee | et) | | | | | | |
| 9. Fee enclosed | 10. Indicate method o | f payment. Do not | send | I cash. M | ake che | eque or n | noney order payable | e to Receive | er General for Ca | anada. |
| \$ 0.00 | Cheque | Certified che | que | | Money | order | Visa | Mas | sterCard | |
| If paying by credit card, complete this section. | 11. Credit card numbe | er | . | - | | 12. Expi | ry date 13. Name | appearing | on credit card | |
| I authorize the Canada F | Firearms Centre to charg | ge to my credit car | d the a | amount sl | hown in | Box 9. | | | | |
| _ | | | | | | | | | | |
| | (| Cardholder's signa | ture | | | | Date (Y / M | 1 / D) | | |

G APPLICANT DECLARATION

It is an offence under section 106 of the *Firearms Act* to knowingly make a false or misleading statement, either orally or in writing, or to knowingly fail to disclose relevant information, for the purpose of obtaining a licence.

I declare that the information provided on this form and any attachment(s) is true and correct to the best of my knowledge and that the photograph enclosed is of me.

| Applicant's signature Date (Y / M / D) | | |
|--|-----------------------|------------------|
| | Applicant's signature | Date (Y / M / D) |

Information contained in this application is obtained under the authority of the *Firearms Act*. The information will be used to determine eligibility and to administer and enforce the firearms legislation. In addition to the provisions outlined in the *Firearms Act*, individual rights regarding personal information are governed by the applicable federal, provincial or territorial legislation relating to access to information and privacy.