



An Garda Síochána -

Form FCA1

# FIREARM CERTIFICATE APPLICATION

*Firearms Act, 1925 – 2009 as amended*

*For use by An Garda Síochána*

PULSE Application Number.

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Applicant Person PULSE ID.

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New Certificate Number.

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*Complete only when new certificate is granted.*

*Sections 1 to 5 to be completed by applicant, using legible **BLOCK CAPITALS**. Use a separate sheet for extra information if necessary.*

*(M) Indicates mandatory boxes or fields which must be completed. (C) Indicates conditional boxes or fields which must be completed if relevant to this specific application.*

## SECTION 1 - APPLICATION TYPE

This Application relates to: (Tick one box only). (M)

Firearm Certificate  Restricted Firearm Certificate

Limited Firearm Certificate  Training Firearm Certificate

Substitution of Firearm

Photo  
Min = 35mm x 45mm,  
Max = 38mm x 50mm

(Tick one box only). (M)

I have held a certificate for this firearm in the previous 3 years.

The certificate number is 

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I have not held a certificate for this firearm in the previous 3 years.

The details of the source of the firearm are provided in Section 3 of this form.

## SECTION 2 - PERSONAL DETAILS

### 2.1. - Personal Identification Details

Surname:(M)	Date of birth(M) (dd, mm, yyyy) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
First Name:(M)	Gender:(M) Male <input type="checkbox"/> Female <input type="checkbox"/>										
Middle Name:	Occupation <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Nationality: (M)										
Address of usual residence (M)	Address of Secondary residence if relevant, ( c )										
County (M)	County										
Contact Phone No.s:	Contact Phone No.s:										
Applicants Local Garda Station											
Have you ever changed your Name? (M) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide details a separate sheet.</i>											
Have you ever lived at an address other than your current one? (M) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide details on a separate sheet.</i>											

## Section 2.2 - Brief Medical History / Medical Enquiries.

Please provide details of your medical practitioner / professional(s)

Details of General Medical Practitioner / Doctor	Details of other Medical Professionals if any
Surname	Surname
First Name	First Name
Address	Address
Contact Phone No.s:	Contact Phone No.s:

**Do you suffer from, or have you been diagnosed or treated for any medical condition (physical / mental) that may affect your ability to possess, carry or use firearms, safely? Yes  No**  If "Yes" please provide full details.

*Note: Answering "Yes" in this section, does not necessarily mean your application will be refused but it may lead to further enquiries.*

*Note: By completing and signing this form you are giving consent to An Garda Síochána to make further enquiries as to your medical history if they deem it necessary in making their decision on whether or not to grant this application.*

## Section 2.3 - Character Referees (C) To be completed in all cases other than 'Substitution' of firearm

If you are merely substituting your currently licensed firearm with a similar firearm, you can ignore Section 2.3. Otherwise, provide details of 2 referees who may be contacted to attest to your character. (These should not be Garda members)

REFEREE 1	REFEREE 2
Surname (C)	Surname (C)
First Name (C)	First Name (C)
Middle Name:	Middle Name:
Date of birth (dd, mm, yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth (dd, mm, yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address (C)	Address (C)
Contact Phone No.s:	Contact Phone No.s:
Occupation	Occupation

**(NFP) Section 2.4 - Previous History**

*If you answer "Yes" in this section, it does not necessarily mean your application will be refused, but it may lead to further enquiries.*

Have you ever been found guilty of, or do you have charges pending for, any offence in Ireland or abroad? (M)

Yes  No  *If you answered "Yes" provide full details on a separate sheet.*

Have you ever been the subject of an order issued by a court in a case involving the use, attempted use or threatened use of force against another person? (M)

Yes  No  *If you answered "Yes" provide full details on a separate sheet.*

Have you ever been refused a firearms certificate? (M)

Yes  No  *If you answered "Yes" state the year and name of Garda Station*

Year: \_\_\_\_\_ Garda Station: \_\_\_\_\_

Have you ever had a firearms certificate revoked? (M)

Yes  No  *If you answered "Yes" state the year and name of Garda Station*

Year: \_\_\_\_\_ Garda Station: \_\_\_\_\_

**(NFP) Section 2.5 - Proof of Competence - in Possession, Use and Carriage of Firearm**

*If this is a first time application, please provide proof of your competence in the possession, use and carriage of firearms. (C)*


**SECTION 3 - FIREARM DETAILS**

**3.1 - Firearm** Details (M) *Complete 3.1, as follows: Record details of the new firearm, if; (A) you are applying for a new certificate for a new firearm, or, (B) you are substituting a newer firearm for a current one on a like for like basis. Record details of your existing firearm if you are merely renewing the certificate for it.*

Serial No (M)	Make (M)	Model
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Calibre (M)	Type:(M) Air Gun <input type="checkbox"/> Crossbow <input type="checkbox"/> Revolver <input type="checkbox"/> Rifle <input type="checkbox"/> Pistol <input type="checkbox"/> Shotgun <input type="checkbox"/> Other <input type="checkbox"/> (specify)
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**Sub-Type** (c) *Tick √ appropriate box(es)*

Air Pistol  Air Rifle  Bolt Action  Breech Loading  Crossbow  Double Barrel  Lever Action

Paint Ball Gun  Pump Action  Repeater  Semi Auto  Shotgun & Rifle Combined  Single Barrel

Single Shot  Other (specify)

**3.2 - Accessories** *Tick √ appropriate box(es) if relevant:* Silencer  Sights / Other (specify)

**3.3 - Source of Firearm** *(Complete 3.3 (A) or (B) if you did not hold a certificate for this firearm in the previous 3 years.)*

(A) Purchased from Firearm Dealer (c) <b>PULSE Dealer I.D.:</b> (c)		<b>Dealer Name:</b> (c)									
<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
(B) Acquired from Private Source (c) <b>Firearm's Previous Cert' No.</b> (c).		<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
<b>Private Source's Surname</b> (c)		<b>Private Source's Address</b> (c)									
<b>First Name</b> (c)											
<b>Contact Phone No.s:</b>											
<i>(Provide brief details as to how you acquired firearm e.g. gift/ inheritance etc.)</i>											

**3.4 - Firearm Substitution** *(Complete 3.4 if you are replacing your current firearm with a different one.)*

<b>Current Firearm Details:</b> <i>(i.e. the firearm being replaced)</i>											
<b>Serial No(M)</b>	<b>Make (M)</b>	<b>Model</b>									
<b>Calibre(M)</b>	<b>Type:(M)</b> Air Gun <input type="checkbox"/> Crossbow <input type="checkbox"/> Revolver <input type="checkbox"/> Rifle <input type="checkbox"/> Pistol <input type="checkbox"/> Shotgun <input type="checkbox"/> Other <input type="checkbox"/> <i>(specify)</i>										
<b>Sub-Type</b> (c) <i>Tick √ appropriate box(es)</i>											
Air Pistol <input type="checkbox"/> Air Rifle <input type="checkbox"/> Bolt Action <input type="checkbox"/> Breech Loading <input type="checkbox"/> Crossbow <input type="checkbox"/> Double Barrel <input type="checkbox"/> Lever Action <input type="checkbox"/> Paint Ball Gun <input type="checkbox"/> Pump Action <input type="checkbox"/> Repeater <input type="checkbox"/> Semi Auto <input type="checkbox"/> Shotgun & Rifle Combined <input type="checkbox"/> Single Barrel <input type="checkbox"/> Single Shot <input type="checkbox"/> Other <i>(specify)</i> <input type="checkbox"/>											
<i>Tick √ one of the options a, b or c below, to show the outcome of the firearm you are replacing(C)</i>											
(a) Transfer of Firearm to Dealer <input type="checkbox"/>	<b>Pulse Dealer I.D</b> (c)	<b>Dealer Name:</b> (c)									
(b) Transfer of Firearm to Outside Jurisdiction. <input type="checkbox"/>											
(c) Transfer of Firearm to Private Recipient <input type="checkbox"/>	<b>Private Recipient's Firearm Cert No. relevant to this firearm</b> (c) <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
<b>Private Recipient's Surname</b> (c)		<b>Private Recipient's Address</b> (c)									
<b>First Name</b> (c)											
<b>Contact Phone No.s:</b>											

**(NFP) 3.5 - Firearm Storage Details**

*An Garda Síochána may inspect your firearm and/or your firearm accommodation or require proof that they are satisfactory.*

**Have you complied with the requirements of the Firearm (Secure Accommodation) Order, 2009.?** (M) YES  NO

**If the firearm will normally be stored at a location other than your home address, tick this box .(C)**

## SECTION 4 - CERTIFICATE DETAILS

### 4.1 - Certificate Details

Do you require your Firearm Certificate in Irish  English  Tick  one box only

State the Maximum number of Rounds of Ammunition Applied for: (M)

If you will have joint use of this firearm, please provide the certificate number of the other user:

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### 4.2 - Reason why this Type of Firearm is required.

This firearm will be used for: (Tick  appropriate box(es)) (M)

Hunting  Target shooting in an: Authorised Range  or Authorised Pistol/Rifle Club  Other (Specify)

Please explain, on a separate sheet, why this specific type of firearm is required.

### 4.3 - Shooting Range / Rifle / Pistol Club Details

Where it is a requirement for the granting of your certificate, that you are a member of an Authorised Pistol/Rifle Club and/or that you use an Authorised Range, complete the relevant fields below and provide proof of membership.

Authorised Pistol/Rifle Club Name (c)

Authorised Pistol/Rifle Club PULSE ID (c)

Club Membership No. (c)

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Authorised Pistol/Rifle Club Contact No.s

Authorised Range Name (c)

Authorised Range PULSE ID (c)

Range Membership No. (c)

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Authorised Range Contact No.s

### 4.4 - Firearms Training Certificate (Complete only if seeking a Training Cert) (c)

Specified Holder Certificate No:\*

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\*For these details, refer to the Firearm Certificate of the person specified to supervise your training.

Specified Holder Certificate No:\*

If you are over 14 and under 16 years of age, your parent or guardian must complete the following written consent in respect of the firearm described and their details must be provided below.

**Consent of Parent\* / Guardian \*** (c)

I declare that I am the Parent\* / Guardian \* of (insert applicants name) \_\_\_\_\_,

I am fully aware of the circumstances of this application and I give my full consent to this application being granted.

Signature of Parent \* / Guardian \* \_\_\_\_\_ Dated \_\_\_\_\_

(\*Delete as appropriate)

Parent \* / Guardian \* Surname (c)

Address(c)

First Name(c)

Date of birth (ddmmyyyy)

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Occupation:

Contact Phone No.s:

**SECTION 5 - WILDLIFE ACTS & LAND OCCUPIER DETAILS (c)**

**5.1. - Wildlife Act Requirements**

Do you intend to use the firearm, subject of this application, to hunt and kill exempted wild mammals within the meaning of the Wildlife Act 1976? **YES**  **NO**

*If you answered Yes, attach a copy of a relevant licence from the National Parks and Wildlife Service.*

**5.2. - Farm/Land Nomination Details (c) (Complete this section if a Limited Certificate is applied for)**

I have received a nomination in writing from the land occupier \* or, I am the occupier of land  where I intend to use the above shotgun only for the killing of animals and birds (other than protected wild animals and birds within the meaning of the Wildlife Act, 1976) on the farm / land.

\* NOTE: *(If the applicant does not own the land in question, written permission from the land-occupier must be supplied)*

LAND OCCUPIER/NOMINATOR DETAILS		LAND DETAILS	
Surname (c)	First Name (c)		
Address of Nominator's Residence(c)		Address of Land(c)	
	Local Garda Station (c)		Local Garda Station (c)
Contact Phone No.s:		Contact Phone No.s:	

**(NFP) APPLICANTS DECLARATION (M)**

**I declare that the information provided by me in relation to this application is true to the best of my knowledge and belief. I understand that I may be liable to prosecution if knowingly give false or misleading information. I understand that my details may be held on Garda records in accordance with the law. I understand that I may be subject to further Garda enquiries if this is deemed necessary in order to decide on whether or not to grant this application. I undertake to inform the issuing authority of any changes to the information provided as a basis for this application. I will comply with all conditions that may apply to the Firearms Certificate.**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(NFP) **SECTION 6 - DETAILS OF OTHER CERTIFICATE**  
*For completion by the Garda member conducting relevant background inquiries (c)*

**6.1. - The Applicant has previously held a Firearm Certificate for this firearm YES\*  NO  .**

PULSE Certificate No.		Certificate Type		Garda District	
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**6.2. - The Applicant currently holds one or more certificate(s) for other firearms YES\*  NO**

PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	
PULSE Certificate No.		Certificate Type		Garda District	

*\*If yes, provide details including the certificate number(s), type(s) and the Garda District for which the certificate was issued*

(NFP) **SECTION 7 - VALIDATION**  
*For completion by the Garda member receiving the application at local station where applicant resides (M)*

I am satisfied as to the proof of the applicant's identity because: (Tick ✓ as appropriate) The Applicant is personally known to me.   
 The Applicant has been personally identified to me by a reliable person who is personally known to me.   
 The applicant has provided other satisfactory proof of identity  (Give brief details including any reference number of any document produced e.g. Driving Licence, Passport, Age Card, etc).

Date	Surname	Rank	Signature
Garda Reg. No.	First name	Station	

Station  
Office Stamp

(NFP) **SECTION 8 - OPINION OF ISSUING SUPERINTENDENT OR CHIEF SUPERINTENDENT (M)**

In my opinion, the particulars contained in this application are correct, and the applicant:

Is a person who can, be permitted to have the firearm and ammunition, without danger to the public safety or the peace	Yes	No
Has provided secure accommodation for the firearm and ammunition.	Yes	No
Will comply with such other conditions specified in the firearm certificate as considered necessary by the issuing authority.	Yes	No
Has supplied all necessary details required under the Firearms Acts.	Yes	No
Has a good and sufficient reason for requiring the firearm.	Yes	No
Is not a person disqualified under Section 8 of the Firearms Act 1925 as amended to hold a firearm certificate.	Yes	No
Where the firearm is <b>Restricted</b> , has demonstrated that it is the only type of firearm appropriate for the purpose for which it is required.	Yes	No

**SECTION 9 - DECISION**

*For completion by issuing Supt. or Chief Supt. (depending on whether firearm is restricted or not). (M)*

This application relates to a: **Non Restricted Firearm**  **Restricted Firearm**

**Decision of Superintendent\* / Chief Superintendent\*** *(delete as appropriate):*

**I grant** a Firearm Certificate to the applicant.

Are additional conditions being attached to the Certificate? **YES**  **NO**  *If YES, specify briefly.*

**I do not grant** a Firearm Certificate to the applicant.

My reason(s) for not granting is / are as follows:

1. No Good Reason for Firearm  2. Public Safety Reasons  3. Disentitled to hold Firearm  4. Other

<b>Date:</b>	<b>Surname:</b>	<b>Rank:</b>
<b>Reg. No.</b>	<b>First Name:</b>	<b>Station:</b>
<b>Signature:</b>		

**District or Divisional  
Office Stamp**



## Checklist

To prevent delays in processing applications for Firearm Certificates, it is important that all necessary information and documentation is provided. Therefore, the applicant and the Garda receiving the application can use the following checklist as a guide to ensure all *relevant* information is included.

The information required will depend on the circumstances of the individual application. The local Garda management dealing with the application can advise further on this. Where it is necessary to produce original documents, these can be copied and the original returned to the applicant.

1	Proof of Identity (e.g. Driving Licence, Passport, Age Card, or personally known or personally identified to Garda).	
2	Photo of applicant for inclusion on records, (passport size photo, minimum = 35mm x 45mm, maximum = 38mm x 50mm).	
3	Brief medical history.	
4	Consent and contact details for further inquiries into medical history.	
5	Previous History of applicant.	
6	Proof of competence.	
7	Note from dealer or previous owner, if this application relates to a newly acquired firearm.	
8	Adequate explanation as to why this specific type of firearm is required.	
9	Confirmation of secure accommodation / storage.	
10	Proof of membership of Authorised Rifle /Pistol Club or Range, if such membership is a condition for granting this application.	
11	Parent /Guardian Consent, if applicant is under 16 years and is applying for a training certificate.	
12	Deer Hunter Licence / relevant licence from the National Parks and Wildlife Service, if applicant intends hunting and killing exempted wild mammals within the meaning of the Wildlife Act 1976.	
13	Landowners Permission if relevant.	
14	Names, addresses and contact details of two character referees who are over 18 years old.	
15	Applicant's Declaration on form, completed and signed.	