APPLICATION FOR THE ISSUE OF EUROPEAN MODEL FIREARMS CERTIFICATE

Registration Stamp € 14,62

POLICE HEADQUARTERS: _____

Full Name of Applicant: _____
Place of Birth: _____ Date of Birth:_____
Home Address: _____
in possession of Firearms Licence No:_____/or authorized to carry firearms by:_____ Place and date of issue:_____
Requests the issue of a European Model Firearms Certificate
Hereby attached:

- two recent authenticated photographs;
- receipt in payment of Euro1.82 for European Model Firearms Card payable to the Local Treasury Department;
- photocopy of Firearms Licence and Registration in accordance with Art. 38 T.U.L.P.S;
- Self Certification Certificate in accordance with Art. 46 D.Lgs 445/2000 to include nationality and residency details.

Date: _____

District: _____

Signature of Applicant:

_____