

SCHEDULE 1

Regulation 4(1)

Application for a Dog Licence

**The Dogs (Northern Ireland) Order 1983**

**Application for a Dog Licence**

**Details of applicant** (Please use BLOCK LETTERS)

Title (Mr, Mrs, etc)	Forename/s	Surname	
Address			Postcode
Contact telephone number			
Email address (if available)			
Date of expiry of previous licence (if any)			

**Description of dog**

Colour	Breed	Male or Female	Is the dog sterilised? Yes/No
Age	Distinguishing marks (if any)		
Microchip number			
Name of dog (if any)			

**Control conditions**

Is a notice in force attaching control conditions under Article 30A(2) of the Dogs (NI) Order 1983 to a previous licence held in respect of the above dog?	Yes/No
If Yes, please give the serial number of notice	

**Exemption for prohibited types**

Is the dog above subject to a contingent destruction order under Article 25C(4) or Article 33(1B) of the Dogs (NI) Order 1983?	Yes/No
If Yes, please give either—	
The date of that court order	
The serial number of an exemption certificate issued in respect of the dog	
It is a requirement that a policy of third party insurance is in force in respect of any exempted dog. Please supply—	
Policy provider	
Policy number	

<b>Fees and concessions</b>	Tick as appropriate	Fee
I am eligible for a free licence as I am over 65 and this is the first or only dog I keep.		None
I am over 65 and have already claimed a free licence for one dog.		£5.00
I am in receipt of an income-related benefit (within the meaning of the Social Security Administration (Northern Ireland) Act 1992 (c. 8)) at the time of the application for the licence.		£5.00
The dog described above is sterilised.		£5.00
None of the above		£12.50

**Status:** This is the original version (as it was originally made).

**NOTE: The information given above may be subject to checks.**

I declare that the information given above is correct in every respect. I am not under 16 years of age and I have not been disqualified from keeping a dog.

Signed	Date
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**Office use only**

Fee Paid	
Licence number	
Signed	Date
<b>Issuing Officer</b>	
<b>Issuing Office:</b>	