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STATUTORY INSTRUMENTS

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**2021 No. 1172**

**ARMS AND AMMUNITION**

**The Firearms (Amendment) (No. 2) Rules 2021**

*Made* - - - - *20th October 2021*

*Coming into force* - - *1st November 2021*

The Secretary of State makes the following Rules in exercise of the powers conferred by sections 26A(1), 26B(1), 33(3) and (5) and 53 of the Firearms Act 1968<sup>(1)</sup>.

**Citation, commencement and extent**

1.—(1) These Rules may be cited as the Firearms (Amendment) (No. 2) Rules 2021 and come into force on 1st November 2021.

(2) These Rules extend to England and Wales and Scotland.

**Amendments to the Firearms Rules 1998**

2.—(1) The Firearms Rules 1998<sup>(2)</sup> are amended as follows.

(2) In Schedule 1 (form of application for firearm and shotgun certificates, and firearm certificate)

(a) for the form in Part I substitute the form in Schedule 1 to these Rules (application for the grant or renewal of a firearm and/or shotgun certificate);

(b) for the form in Part IV substitute the form in Schedule 2 to these Rules (application to vary a firearm certificate).

(3) In Schedule 5 (firearms dealers: forms of application, notification and registers), for the form in Part I (firearms dealers: application for registration or for new certificate of registration) substitute the form in Schedule 3 to these Rules (firearms dealers: application for registration or for new certificate of registration).

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(1) 1968 c. 27. Section 26A and 26B were substituted for section 26 as originally enacted by section 37 of the Firearms (Amendment) Act 1997 (c. 5) (“the 1997 Act”). Section 33(3) was amended by section 42(2) of the 1997 Act. Section 33(5) was amended by section 13(1) of the Firearms (Amendment) Act 1988 (c. 45). Section 53 was amended by section 61(3) of the Offensive Weapons Act 2019 (c. 17). There are other amendments to the Firearms Act 1968 which are not relevant to these Rules.

(2) S.I. 1998/1941; relevant amending instruments are S.I. 2013/1945, 2017/1281 and 2019/963. There are other amendments to S.I. 1998/1941 which are not relevant to these Rules.

### **Transitional arrangements**

3.—(1) An application for the grant or renewal of a firearm certificate or a shotgun certificate may continue to be made using the application form which is replaced by rule 2(2)(a) if it is received on or before 1st December 2021 by the chief officer of police for the area in which the applicant resides.

(2) An application to vary a firearm certificate may continue to be made using the application form which is replaced by rule 2(2)(b) if it is received on or before 1st December 2021 by the chief officer of police for the area in which the applicant resides.

(3) An application for registration or for a new certificate of registration for firearms dealers may continue to be made using the application form which is replaced by rule 2(3) if it is received on or before 1st December 2021 by the chief officer of police for the area in which the applicant resides.

20th October 2021

*Kit Malthouse*  
Minister of State  
Home Office

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SCHEDULE 1

Rule 2(2)(a)

Application for the grant or renewal of a firearm and/or shotgun certificate

FORM 201 – 2021

APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM AND/OR SHOTGUN CERTIFICATE

PLEASE READ THE NOTES CAREFULLY (PAGES 13-16) BEFORE COMPLETING THE APPLICATION FORM

You may type your responses except where your signature is required. Otherwise, you must use black ink and write in BLOCK CAPITALS throughout, except when signing. A continuation sheet is provided at page 7 for further information.

I am applying for (tick each box which applies)

- Firearm certificate [ ] Grant [ ] Renewal
Shotgun certificate [ ] Grant [ ] Renewal

Do you wish to apply for a shotgun certificate which will expire at the same time as your firearm certificate? [ ] Yes [ ] No

Form with two columns: PART A: Personal details (Gender, Title, Surname, etc.) and PART B: Personal health & medical declaration (Medical conditions, GP practice details, etc.).

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FORM 201 – 2021

**Duty of confidentiality** I will arrange for a suitably qualified GMC-registered doctor\* to provide factual information to the police about any relevant medical conditions related to my suitability to possess a firearm or shotgun. I understand that the doctor may share my medical records with the police to enable them to make a fully informed decision on my application, or on my continued suitability to possess a firearm or shotgun while the certificate remains valid, and I consent to this sharing of my medical records for confidentiality purposes. I understand that I am expected to inform the police if I am diagnosed with, or treated for, a medical condition listed in note 5 while the certificate remains valid.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

Applicant's name (BLOCK CAPITALS)

Signature  Date

**Note on Data Protection** Personal data (including sensitive personal data) will be processed on a public interest basis, for the purpose of allowing the police to assess the suitability of an applicant to be granted a firearm or shotgun certificate, or to assess the applicant's continued suitability to possess a firearm or shotgun while the certificate remains valid.

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**PART C: Offences**

**Important: Please read notes 15 and 16 before completion**

**13.** Have you been convicted of any offence (including speeding but not including parking offences or fixed penalty notices) or received a written caution?

Yes                       No

If yes, give details of all convictions and/or formal written police cautions, bindovers and spent convictions, including those received outside Great Britain.

Date	Offence
.....	.....
.....	.....
.....	.....
.....	.....

**Previous home address(es) from the past five years:**

**Address 1**  
.....  
.....  
..... Postcode .....  
From ..... To .....

**Address 2**  
.....  
.....  
..... Postcode .....  
From ..... To .....

**Address 3**  
.....  
.....  
..... Postcode .....  
From ..... To .....

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FORM 201 – 2021

**APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM CERTIFICATE**

**PART D: Firearm details (if applicable).** (If applying for a SHOTGUN certificate only go to part E)

**14. Details of firearms currently held. IMPORTANT: Please read notes 21 and 22 before completion**

If none write NONE here:

Calibre Metric/Imperial	Type	Make e.g. Winchester	Serial No/identification number and the unique identifying mark as applied to the firearm's frame or receiver and, where different, the unique identifying mark as applied to each relevant component part	Reason e.g. Target, vermin (please provide land/club details)

**15. Details of firearms to be acquired. IMPORTANT: Please read notes 21 and 22 before completion**

If none write NONE here:

Calibre Metric/Imperial	Type	Reason e.g. Target, vermin (please provide land/club details)

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16. Details of the maximum amount of ammunition to be possessed

Calibre Metric/Imperial	Quantity	Calibre Metric/Imperial	Quantity

17. Details of current (or in the case of a grant, proposed) security arrangements

a. Are the security arrangements at your home address?  Yes  No - please provide details

.....

b. Type of security:

cabinet  clamp  gun room  other - please provide details

.....

c. Is the security shared with another certificate holder?  Yes - please provide details  No

.....

d. Ammunition storage – please provide details

.....

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FORM 201 – 2021

**APPLICATION FOR THE GRANT OR RENEWAL OF A SHOTGUN CERTIFICATE**

**PART E: Shotgun details (if applicable).**

**18. Details of shotguns currently held.**

If none write NONE here

Calibre/Bore or gauge	Action/Type	Make	Serial No/identification number and the unique identifying mark as applied to the shotgun's frame or receiver and, where different, the unique identifying mark as applied to each relevant component part

**19. Details of current (or in the case of a grant, proposed) security arrangements**

a. Are the security arrangements at your home address?  Yes  No - please provide details

.....

b. Type of security:

cabinet  clamp  gun room  other - please provide details

.....

c. Is the security shared with another certificate holder?  Yes - please provide details  No

.....



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**CONTINUATION SHEET**

**Please use this space for any additional information relating to parts A-E of this form:**

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FORM 201 – 2021

**DECLARATION**

I hereby apply for a

- Firearm certificate
- Shotgun certificate

The information I have provided on this form is true and I understand that it is an offence under section 28A(7) of the Firearms Act 1968 to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, the maximum penalty for which is six months' imprisonment and/or a fine. I understand that I will be subject to a check of police records and that my details will be held electronically.

I understand that if I do not provide the required information my application cannot be processed and will be refused.

I understand that I am expected to inform the police if I am diagnosed with, or treated for, a medical condition listed in note 5 while the certificate remains valid.

Data Protection

I understand that all information submitted will be handled in accordance with the Data Protection Act 2018 and the Freedom of Information Act 2000 and connected legislation. I understand that information contained within my application form or obtained in the course of deciding the application may be shared with: my doctor, other government departments, regulatory bodies or enforcement agencies in the course of deciding the application or in pursuance of maintaining public safety or the peace.

Note: Any information shared will be shared in accordance with data sharing protocols. The police do not share your personal details with other applicants or members of the public and treat information in connection with the application in confidence, but individuals should be aware that the police may disclose some information in accordance with the legislation referred to above.

Your personal data will be processed by the police force to which you apply in line with Part 3 of the Data Protection Act 2018 and as set out in the force's Privacy Information Notice.

- I have provided details of the referee/s
- I have enclosed the fee
- I have read the Notes (pages 13-16)
- I have enclosed one photograph

Signature: .....

Print name: .....

Date: .....

**If the applicant is under 18 years of age the following must be completed**

- Parent      or       Guardian

Signature: .....

Print name: .....

Date: .....

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**APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM AND/OR SHOTGUN CERTIFICATE**

**PART F: Referee details for firearm and/or shotgun certificates. Please type or write in BLOCK CAPITALS. See notes 1 and 2.**

**Please give details of a suitable person who has agreed to act as a referee for you.**

- 1. Title.....
- 2. Surname .....
- 2a. Forename(s) .....
- 3. Previous name(s) that you are aware the referee has been known by .....
- 4. a. Date of birth .....
- b. Place of birth.....
- 5. Occupation .....
- 6. Home address .....
- .....
- ..... Postcode .....
- 7. Home telephone number .....
- a. Work telephone number .....
- b. Mobile number .....
- c. Home e-mail .....
- d. Work e-mail .....
- 8. In what capacity do you know the referee? .....
- 9. How long has the referee known you? .....

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FORM 201 – 2021

**APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM CERTIFICATE**

**PART G: Second referee details. Please type or write in BLOCK CAPITALS**

A second referee is **ONLY** required for a firearm certificate. See notes 1 and 2

Please give details of a suitable person who has agreed to act as a referee for you.

- 1. Title .....
- 2. Surname .....
- 2a. Forename(s) .....
- 3. Previous name(s) that you are aware the referee has been known by.....
- 4. a. Date of birth .....
- b. Place of birth.....
- 5. Occupation.....
- 6. Home address.....  
.....  
.....Postcode.....
- 7. Home telephone number .....
- a. Work telephone number.....
- b. Mobile number .....
- c. Home e-mail .....
- d. Work e-mail .....
- 8. In what capacity do you know the referee? .....
- 9. How long has the referee known you? .....

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This page is left blank to allow the equality information to be detached from the rest of the application.

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FORM 201 – 2021

**PART H: Equality (Please tick the appropriate boxes)**

**EQUALITY INFORMATION**

1.  I would prefer not to answer any of the following questions.

2. **Do you have a disability?**

- Yes     No  
 Prefer not to say

3. **What is your ethnic group?**

A. White

- English  
 Welsh  
 Scottish  
 Northern Irish  
 British  
 Irish  
 Gypsy or Irish Traveller  
 Any other white background, write in:  
.....

B. **Mixed/multiple ethnic groups**

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other mixed/multiple ethnic background, write in:  
.....

C. **Asian or Asian British**

- Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other Asian background, write in:  
.....

D. **Black/African/Caribbean/Black British**

- African  
 Caribbean  
 Any other Black/African/Caribbean background, write in:  
.....

E. **Other ethnic group**

- Arab  
 Any other ethnic group, write in:  
.....

F.  Prefer not to say

4. **Gender**

- Male     Female  
 Prefer not to say

5. **What is your age group?**

Age group	Tick
66 and above	<input type="checkbox"/>
61-65	<input type="checkbox"/>
56-60	<input type="checkbox"/>
51-55	<input type="checkbox"/>
46-50	<input type="checkbox"/>
41-45	<input type="checkbox"/>
36-40	<input type="checkbox"/>
31-35	<input type="checkbox"/>
26-30	<input type="checkbox"/>
21-25	<input type="checkbox"/>
18-20	<input type="checkbox"/>
Under 18	<input type="checkbox"/>

Prefer not to say

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## NOTES

Please read these **BEFORE** completing the form

You must complete all parts of the form for the type of certificate for which you are applying. For electronic applications, each data field must be completed.

**FIREARM:** Section 1 of the Firearms Act 1968 (as amended) applies to all firearms except:

- i. a shotgun;
- ii. an air weapon (unless declared 'specially dangerous');
- iii. prohibited weapons such as centre fire self-loading rifles, handguns, machine guns etc (unless specifically authorised).

**SHOTGUN:** Section 1(3)(a) of the Firearms Act 1968 (as amended) defines a shotgun as:

- i. a smooth bore gun (not being an air weapon);
- ii. having a barrel not less than 24" (60.96cm) in length and a bore not exceeding 2" (5.08cm) in diameter;
- iii. either having no magazine, or a non-detachable magazine incapable of holding more than two cartridges;
- iv. not a revolver gun.

### Referees

1. When applying for a **firearm certificate**, you should have gained the permission of two people who have agreed to act as referees for you. You must complete Parts F and G with their details. When applying for a **shotgun certificate** you should have gained the permission of one person to act as a referee for you. You must complete part F with their details.
2. The referee(s) who have agreed to act for you must have known you personally for at least two years and must be resident in Great Britain. A referee must not be a member of your immediate family, a registered firearms dealer, a serving police officer, a police employee, a Police and Crime Commissioner or a member of their staff, or a member of, or a member of staff of, the Scottish Police Authority. Referees must be of good character and any references they agree to provide must be given freely and not on payment.

### Coterminous applications

3. To apply for both a **firearm certificate** and a **shotgun certificate** and to have them expire at the same time (coterminous certificates) you should complete the sections for firearm and shotgun certificates. The fee payable for such certificates may be less than the normal fee for the grant or renewal of a shotgun certificate if both of your applications are dealt with at the same time.

### Medical information

4. You must disclose any relevant physical or mental health conditions that you have been diagnosed with or treated for in the past as this may affect your ability to safely possess and use a firearm or shotgun. Relevant medical conditions which must be disclosed are listed in note 5. Sections 27 and 28 of the Firearms Act 1968 (as amended) specify that in order to issue a firearm or shotgun certificate the chief officer of police must be satisfied that an applicant can be permitted to possess a gun 'without danger to the public safety or the peace'. Medical fitness is one of the factors police must consider when assessing a person's suitability.

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5. Relevant medical conditions which must be disclosed are:
  - Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder
  - Suicidal thoughts or self harm or harm to others
  - Depression or anxiety
  - Dementia
  - Mania, bipolar disorder or a psychotic illness
  - A personality disorder
  - A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
  - Alcohol or drug abuse
  - Any other mental or physical condition, or combination of conditions, which you think may be relevant.

If in doubt, consult your doctor or contact the police firearms licensing department.
6. It is your responsibility to arrange for your GP or another suitably qualified GMC-registered doctor\* (including where a doctor is providing this service for a private company) to provide medical information to the police concerning your suitability to possess a firearm and/or shotgun. Please use the doctor's letter and medical information proforma which is part of this document, detach and pass to the doctor for completion. You are expected to meet the cost if a fee is charged for this. When the medical information is being provided to the police by a doctor from a private company, the doctor must receive the applicant's medical information direct from the GP practice and not via the applicant.
7. With regards to data protection, it should be noted that the medical information will be processed on a public interest basis for the legitimate policing purpose of assessing the suitability of someone to be granted a firearm or shotgun certificate.
8. Medical practitioners have separately requested that an applicant's consent is provided in order for medical practitioners to be satisfied that they have discharged their obligations under their duty of confidentiality in relation to their patients. The application form requests the applicant's consent for the release of the information for that reason.
9. Where the doctor indicates that there are relevant medical issues and police require further medical information to consider the application, you should obtain a report about these medical issues. You are expected to meet the cost of a fee if it is charged. Following this, if police require an additional report to be provided they will meet the cost of the fee charged.
10. The police will ask your GP to place an encoded reminder on your patient record to indicate that you have been issued with a firearm or shotgun certificate. The GP is asked to notify the police if, following issue of the certificate, you are diagnosed with or treated for a relevant medical condition (listed in note 5), or if the GP has other concerns about your possession of a certificate that might affect your safe possession of firearms. Following contact from your GP there may be a need for a medical report to be obtained to assist with assessment of your continued suitability to possess a firearm or shotgun certificate. The police will pay if a medical report is required.
11. Following the issue of a firearm or shotgun certificate please note that the declaration you have signed consenting to information sharing between your doctor and police applies during the application process and during the validity of any firearm or shotgun certificate, which may be up to five years.
12. You are expected to inform the police if, following issue of the certificate, you are diagnosed with or treated for a relevant medical condition while the certificate remains valid.



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13. You should inform the police if you change your GP practice and provide contact details for the new practice.
14. You are asked to provide details of GP practices over the past 10 years and whether you have consulted medical practitioners other than at your GP practice so that all relevant information is available to police to assist with their assessment of suitability to possess a firearm certificate. Military personnel who are posted abroad and have a service GP may still be regarded as resident in the UK for the purposes of the application.

#### Convictions and offences

15. You must not withhold information about **any conviction**. This includes motoring offences (including speeding offences), bindovers, formal written cautions and convictions in and outside Great Britain, and (by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975) convictions which are spent under the 1974 Act. A conditional discharge and an absolute discharge both count as convictions for this purpose. Details of parking offences and fixed penalty notices do not need to be declared.
16. Section 21 of the Firearms Act 1968 places restrictions on the possession of firearms and ammunition by those previously convicted of crime. A person receiving a sentence of imprisonment of three months or more is prohibited from possessing a firearm, shotgun, antique firearm, air weapon or ammunition for five years from the date of their release. In the case of a suspended sentence the prohibition applies from the second day after being sentenced. If the sentence is three years or more the prohibition applies for life unless lifted by the Crown (or Sheriff) Court.

#### Inspection of premises

17. Please allow the police to inspect your guns and security when requested as in the absence of a warrant consent is required for the police to inspect premises.

#### Photograph

18. A digital photograph must be used for online applications. Paper applications must be accompanied by one photograph. Ordinary passport-style photographs (45mm high x 35mm wide) are suitable for this purpose. Photographs must be of a professional standard, against a plain cream or grey background and without other objects or people in the background and (if printed) must be on good quality gloss or matt paper. The photograph must be a true likeness and full face without a head covering (unless it is worn for religious or medical reasons). In your photograph you must be looking straight at the camera, have a neutral expression, with your eyes open and mouth closed. You must not wear sunglasses or tinted glasses, and the photographs must not have any 'red eye.'

#### Equality monitoring

19. The equality monitoring information you provide in Part H aims to assist the force in meeting its duties as a Public Authority. The information will be kept separately from the application.

#### Submission of application

20. The receipt for electronic applications, where these are available, will be automatically generated by the system. For hard copy applications, unless advised otherwise by the police, you should post or take the completed form together with the fee and photograph to the police firearms licensing department. In the case of an application for renewal, a signed and dated recent copy of the certificate to be renewed should be sent to police when you submit your application. If an application is being made for a variation the certificate to be varied must be included with your application. (You may wish to keep a copy of the certificate.)

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### Section 1 Firearms Only

21. To acquire or possess firearms or ammunition under section 1 of the Firearms Act 1968, you have to provide evidence that you have a **good reason** to do so. This applies to the grant, renewal or variation of a firearm certificate. This evidence can take several forms: permission to shoot over land or membership of a target shooting club, or a booking or invitation to go deer stalking are examples, but these are not exhaustive.
22. Please provide the address of one area of land where you have permission to shoot, together with the name, address and telephone number of the person who has given you that permission or the details of a Home Office approved club of which you are a full member.  
**NB:** You will not necessarily be limited to shooting over that individual piece of land or at that club.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

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This page is left blank to allow the doctor's letter and medical information proforma to be detached from the rest of the application.

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Doctor's Name: _____	Applicant's Name: _____
Address _____	Date of Birth: _____
_____	Address: _____
_____	_____
Post Code: _____	Post Code: _____
_____	_____
	Phone Number: _____
	_____
	E-mail address: _____
	_____

Dear Doctor,

I am applying for a firearm certificate/shotgun certificate/to be registered as a firearms dealer.

**Firearms applications and medical fitness**

The police assess firearms applications and require all applicants to provide factual information from a doctor confirming whether they have ever been diagnosed with or treated for any of the following conditions, which can have a bearing on whether a person is suitable to be granted a firearm certificate:

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder
- Suicidal thoughts or self-harm or harm to others
- Depression or anxiety
- Dementia
- Mania, bipolar disorder or a psychotic illness, or a personality disorder
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
- Alcohol or drug abuse
- Any other mental or physical condition, or combination of conditions, which you think may be relevant.

Please note that the police are not seeking your opinion on my suitability to hold a firearm certificate, as the responsibility for this decision lies with the police. They require only a factual response, from a suitably qualified GMC-registered doctor\* based on my medical record.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

**Information requested from a GMC-registered doctor**

If there is a history of any of the relevant medical conditions listed, please can the response include the following:

1. Name of medical condition
2. Duration of medical condition
3. Medication prescribed

Please note that only information about any relevant medical condition(s) should be provided. A print out of my medical history is therefore not acceptable for this purpose.

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#### **Doctors' fees**

Should a fee be payable, please forward an invoice to my home address. I understand that the information will not be provided until the fee, if any, has been paid.

#### **How to respond**

Your response should be sent to the local police firearms licensing department by secured NHS email, or sent by post. Alternatively, please contact me so that I can collect it. If the response is given to me to supply to the police they may contact you to confirm the details.

When the medical information is being provided to the police by a doctor from a private company, the doctor must receive the applicant's medical information direct from the GP practice and not via the applicant.

Once the police have considered your response, they may wish to see a medical report about any relevant medical conditions I have experienced so that they can give further consideration to my application. I will be liable for the medical fees to provide a report.

#### **Firearms marker**

Please put a 'firearm application made' flag on the patient record. If I am granted a firearm certificate the police will contact you to ask you to place a 'firearm certificate held' flag on my patient record. This is so that the police can be alerted if I begin to experience any of the relevant medical conditions listed while the firearm certificate remains valid. The police will then review my suitability to continue as a firearm certificate holder.

#### **Further information**

If you need any further information, please telephone or email the local police firearms licensing department.

Thank you for your assistance.

Yours sincerely,

\_\_\_\_\_ Applicant signature

#### **CONSENT**

I understand that a doctor may share sensitive personal data with the police concerning my physical and mental health to enable the police to make a decision on my application, or on my continued suitability to possess a firearm certificate, and I hereby consent to this processing of my personal data.

I understand that the police will process the medical information supplied on a public interest basis for the legitimate policing purpose of assessing the suitability of someone to be granted a firearm or shotgun certificate.

I understand that medical practitioners have requested that my consent is provided in respect of their duty of confidentiality to allow doctors to provide information to the police, who will then process the data as described above.

I understand the police may contact my doctor or medical specialist to obtain factual details of any medical history in relation to my suitability to possess a firearm or shotgun. This applies for the life of the certificate.

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CONFIDENTIAL – MEDICAL (when complete)

## Firearms Licensing

### Medical Information Proforma

This form must not be amended after completion by the doctor\*. The Firearms Act 1968 specifies that it is an offence to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, with a maximum penalty of six months' imprisonment and/or a fine.

#### PATIENT DETAILS

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

#### MEDICAL INFORMATION: To be completed by doctor\*

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

Please check the patient's medical record for any history of the following and tick those that apply. Where any apply, please add further details overleaf which can be limited to a statement of fact and not an opinion.

Have you had access to the patient's full medical record to complete this report? Yes  No   
 Is the medical record continuous? Yes  No   
 Have you placed a 'firearm application made' flag on the patient record? Yes  No

DATE RECORDS BEGIN: \_\_\_\_\_ DATE OF LAST CONSULTATION: \_\_\_\_\_

Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	A personality disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal thoughts or self-harm or harm to others	Yes <input type="checkbox"/> No <input type="checkbox"/>	A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depression or anxiety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol or drug abuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dementia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other mental or physical condition, or combination of conditions, which may affect the safe possession of firearms or shotguns.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mania, bipolar disorder or a psychotic illness	Yes <input type="checkbox"/> No <input type="checkbox"/>		

PLEASE SIGN OVERLEAF. PLEASE PROVIDE FURTHER INFORMATION IF YOU HAVE TICKED YES TO ANY OF THE ABOVE QUESTIONS.

CONFIDENTIAL – MEDICAL (when complete)

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

**CONFIDENTIAL – MEDICAL (when complete)**

Patient Name:	Date of birth:
What is the medical condition or medical conditions?	
How long has the patient been treated for this condition?	
Is the patient still being treated for this?	
Details of medication prescribed	
Have there been any previous episodes of this?	
What is the patient's current condition?	
Do you have any other information you believe may be relevant to the police in determining whether the patient is safe to possess firearms?	

Name of doctor: \_\_\_\_\_

Practice stamp:

Signature of doctor: \_\_\_\_\_

GMC Number: \_\_\_\_\_

Date: \_\_\_\_\_

**CONFIDENTIAL – MEDICAL (when complete)**

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE 2

Rule 2(2)(b)

Application to vary a firearm certificate

FORM 201V – 2021

APPLICATION TO VARY A FIREARM CERTIFICATE

You may type your responses except where your signature is required. Otherwise, you must use black ink and write in BLOCK CAPITALS throughout, except when signing. A continuation sheet is provided at page 4 for further information.

NOTE: THE CERTIFICATE TO BE VARIED MUST BE ENCLOSED WITH THIS FORM

Form 201 contains notes which may be helpful in completing this form

<p><b>PART A: Personal details</b></p> <p>1. Gender      <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p>2. Title .....</p> <p>3. Surname .....</p> <p>a. Previous surname(s) .....</p> <p>.....</p> <p>4. Forenames (state all) .....</p> <p>.....</p> <p>5. Home address .....</p> <p>.....</p> <p>a. Postcode .....</p> <p>b. Home tel number .....</p> <p>c. Mobile number .....</p> <p>d. Home E-mail .....</p> <p>6. Height .....</p> <p>7. Date of Birth .....</p> <p>a. Place of birth .....</p> <p>b. Nationality .....</p> <p>8. Occupation .....</p> <p>a. Work address .....</p> <p>.....</p> <p>b. Postcode .....</p> <p>c. Work tel number .....</p> <p>d. Work E-mail .....</p>	<p><b>PART B: Personal health &amp; medical declaration</b></p> <p><b>If necessary, continue on page 4</b></p> <p>9. Have you ever been diagnosed with or treated for any of the following relevant medical conditions:</p> <ul style="list-style-type: none"> <li>• Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder</li> <li>• Suicidal thoughts or self harm or harm to others</li> <li>• Depression or anxiety</li> <li>• Dementia</li> <li>• Mania, bipolar disorder or a psychotic illness</li> <li>• A personality disorder</li> <li>• A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy</li> <li>• Alcohol or drug abuse</li> <li>• Any other mental or physical condition, or combination of conditions, which you think may be relevant.</li> </ul> <p>If in doubt, consult your GP or contact the police firearms licensing department.</p> <p><input type="checkbox"/> Yes (Please provide details)      <input type="checkbox"/> No</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10. Details of your GP or GP practice</p> <p>a. Name .....</p> <p>b. Address .....</p> <p>.....</p> <p>c. Postcode .....</p> <p>d. Tel number .....</p> <p>e. E-mail .....</p>
--	---



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**PART C: Offences**

11. Have you been convicted of any offence or received a written caution (including speeding but not including parking offences or fixed penalty notices) since your last application to grant or renew the certificate?

Yes       No

(If yes, give details of all convictions and/or formal written police cautions, bindovers and spent convictions, including those received outside Great Britain).

12. If you wish to report the disposal of any firearms currently shown on your firearm certificate please give details below:

Calibre Metric/Imperial	Type	Make e.g. Winchester	Serial No/identification number and the unique identifying mark as applied to the firearm's frame or receiver and, where different, the unique identifying mark as applied to each relevant component part

13. Details of firearms to be acquired:

Calibre Metric/Imperial	Type	Reason e.g. Target, vermin (please provide land/club details)

14. Details of the ammunition to be added or deleted:

AMMUNITION TO BE ADDED	
Calibre Metric/Imperial	Quantity to be possessed

AMMUNITION TO BE DELETED
Calibre Metric/Imperial

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 201V – 2021

**DECLARATION**

The information I have provided on this form is true and I understand that it is an offence under section 28A(7) of the Firearms Act 1968 to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, the maximum penalty for which is six months' imprisonment and/or a fine. I understand that I will be subject to a check of police records and that my details will be held electronically.

I understand that if I do not provide the required information my application cannot be processed and will be refused.

I understand that I am expected to inform the police if I am diagnosed with, or treated for, a medical condition (listed in question 9) while the certificate remains valid.

Data Protection

I understand that all information submitted will be handled in accordance with the Data Protection Act 2018 and the Freedom of Information Act 2000 and connected legislation. I understand that information contained within my application form or obtained in the course of deciding the application may be shared with: my doctor, other government departments, regulatory bodies or enforcement agencies in the course of deciding the application or in pursuance of maintaining public safety or the peace.

*Note: Any information shared will be shared in accordance with data sharing protocols. The police do not share your personal details with other applicants or members of the public and treat information in connection with the application in confidence, but individuals should be aware that the police may disclose some information in accordance with the legislation referred to above.*

Your personal data will be processed by the police force to which you apply in line with Part 3 of the Data Protection Act 2018 and as set out in the force's Privacy Information Notice.

Signature: .....

Print name: .....

Date: .....

**If the applicant is under 18 years of age the following must be completed**

Parent      or       Guardian

Signature: .....

Print name: .....

Date: .....

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**CONTINUATION SHEET**

**Please use this space for any additional information:**

.....

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE 3

Rule 2(3)

Firearms dealers: Application for registration or for new certificate of registration

FORM 116 – 2021

Firearms Form 116

**Firearms dealers: Application for registration or for new Certificate of Registration**

You may type your responses except where your signature is required. Otherwise, you must use black ink and write in **BLOCK CAPITALS** throughout, except when signing.

**Note:** Part A must be completed where an application is made by a person wishing to be registered as a firearms dealer. Parts B and C must be completed where an application is made on behalf of a company. In all cases Parts D to G must be completed. Your personal data will be processed by the police force to which you apply in line with Part 3 of the Data Protection Act 2018 and as set out in the force’s Privacy Information Notice.

**PART A Personal details**

1. Title (e.g. Mr, Mrs, Ms)

2. Surname

3. Forename(s)

4. If you have at any time used a name other than those quoted at 2 and 3 above, please give details (including in the case of a married woman, surname before marriage)

5. Date of birth

6. Place of birth

7. Nationality

8. Occupation

9. Current home address

Post code  Telephone number

10. Mobile number

11. Email address

12. Permanent home address

Post code  Telephone number

13. If you have lived elsewhere other than at the addresses quoted at 9 and 12 above during the last 5 years please give details

Post code  Telephone number

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

**PART A Personal details (continued)**

14. Have you previously been registered as a firearms dealer in Great Britain?  Yes  No

If **yes**, state police force area

Name under which you were registered

Period of registration From  To

15. Have you ever had an application for the grant or renewal of a firearm or shotgun certificate refused or a certificate revoked?  Yes  No

If **yes**, give details

16. Have you ever had an application for registration as a firearms dealer refused, or been removed from a police register of dealers?  Yes  No

If **yes**, give details

17. Have you ever been convicted of any offence?  Yes  No

If **yes**, give details

(Note: You are not entitled to withhold information about any offence. This includes convictions in places outside Great Britain.)

**PART B Company details**

18. Full name of company

19. Registered number of company

20. Has the company ever traded under a different name?  Yes  No

If **yes**, state full name of such company

21. Has the company been registered as a firearms dealer in another police force area, under this or any other name?  Yes  No

If **yes**, state police force and certificate of registration number

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 116 – 2021

**PART B Company details (continued)**

22. Principal nature of the business with which the company is concerned

23. Names of the officers of the company (including Chairperson, Secretary, Directors, Treasurer etc.)

24. Do any of the above named officers hold a firearms dealer's certificate of registration?  Yes  No  
If **yes**, state full name of such officers

25. Is any officer of the company also an officer of another company which holds a firearms dealer's certificate?  Yes  No  
If **yes**, state details

26. Has the company trading under this or any other name, ever been removed from a police register of firearms dealers?  Yes  No  
If **yes**, state details

27. Has a court ever ordered any of the officers of the company not to be registered as a firearms dealer?  Yes  No  
If **yes**, state details

28. Has a court ever ordered the company not to be registered as a firearms dealer?  Yes  No  
If **yes**, state details

29. Has the company been convicted of any offence?  Yes  No  
If **yes**, state details

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

**PART C Officer making an application on behalf of a company**

30. Title (e.g. Mr, Mrs, Ms)

31. Full name

32. Date of birth

33. Position held in company

34. Length of time in position stated in question 33

**PART D Place of business**

35 Details of places of business

	Name and address of business	Nature of business e.g. manufacturing, wholesale, retail, full or part time	Nature of other business conducted at this address
a)	<input type="text"/>  Telephone No. <input type="text"/>		
b)	<input type="text"/>  Telephone No. <input type="text"/>		
c)	<input type="text"/>  Telephone No. <input type="text"/>		

36. If this is an initial application, please give details of previous experience of handling firearms

37. Proposals for ensuring the safe custody of firearms and/or ammunition if the application is granted

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 116 – 2021

**PART E Details of servants**

**Important: Read Notes 1 to 3 before completion.** Enter in the table below details of all servants who, by virtue of section 8 of the Firearms Act 1968, are or will be authorised to possess, purchase or acquire firearms and ammunition in the ordinary course of your business. If necessary, continue on a separate sheet.

Surname (including any former names)	Forename(s)	Date of birth	Address	Firearm or shotgun certificate details (if applicable – including certificate number and issuing police force)

**PART F Personal health and medical declaration**

If necessary, continue on a separate sheet

**Important: Read notes 4 to 15 before completion.**

A medical declaration is not required if the person making the application holds a valid firearm and/or shotgun certificate and their medical circumstances have not changed during the validity of the certificate. Where this is the case, please only provide details of the certificate(s) below.

Certificate number	Date of issue	Issuing police force



**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 116 – 2021

38. Have you ever been diagnosed with or treated for any of the medical conditions in note 6?  Yes  No

If yes, state details

39. Details of your GP or GP practice

Name of GP and/or practice

Address

Post code

Telephone number

Email address

40. Details of all previous GP practices during the past 10 years (see note 15).

Continue on a separate sheet if necessary.

Name of GP and/or practice

Address

Post code

Telephone number

Email address

41. Are there any periods in the past 10 years when you have not been registered with a UK GP or have consulted medical practitioners other than at your GP practice?  Yes (please provide details)  No

**Duty of confidentiality** I will arrange for a suitably qualified GMC-registered doctor\* to provide factual information to the police about any relevant medical conditions related to my suitability to possess a firearm or shotgun. I understand that the doctor may share my medical records with the police to enable them to make a fully informed decision on my application, or on my continued suitability to possess a firearm or shotgun while the certificate remains valid, and I consent to this sharing of my medical records for confidentiality purposes. I understand that I am expected to inform the police if I am diagnosed with, or treated for, a medical condition listed in note 6 while the certificate remains valid.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

Applicant's name (BLOCK CAPITALS)

Signature

Date

**Note on Data Protection** Personal data (including sensitive personal data) will be processed on a public interest basis, for the purpose of allowing the police to assess the suitability of an applicant to be granted a firearm or shotgun certificate, or to assess the applicant's continued suitability to possess a firearm or shotgun while the certificate remains valid.

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

FORM 116 – 2021

**PART G Application and declaration**

42. I hereby:  apply  
 submit this application on behalf of the company named in Part B above
- to the chief officer of police for:  registration as a firearms dealer  
 a new certificate of registration

**Note: It is an offence** for any person to knowingly or recklessly make a statement false in any material particular for the purpose of procuring either for himself or for another person registration as a firearms dealer or the entry of any place of business on a register of firearms dealers.

I declare that the above statements are true.

Usual signature of applicant

Date

**Notes**

**Please read these BEFORE completing the form**

Servants

1. The exemption in section 8(1) of the Firearms Act 1968 covers the possession, purchase and acquisition of firearms and ammunition in the ordinary course of a registered firearms dealer’s business. It extends to registered firearms dealers and their servants.
2. There is no legal definition of a ‘servant’, but it should be noted that a letter of authority does not automatically make someone a ‘servant’ for these purposes. An employee of the dealer working for a firearms-related business would be a ‘servant’, but it is not the case that anyone whose services the dealer uses on any occasion will necessarily be a servant e.g. a self-employed outworker (such as an engraver). In these circumstances the outworker would be required to register as a firearms dealer.
3. The possession, purchase and acquisition of the firearms and ammunition by a servant may only be for the ordinary course of the business of the dealer as directed by the dealer.

Medical information

4. Where an application is made on behalf of a company (Part C) the officer making the application should either have day to day responsibility for, or direct oversight of, the firearms held by that company.
5. If you do not hold a valid firearm or shotgun certificate, or if you do, but your medical circumstances have changed, you must disclose any relevant physical or mental health conditions that you have been diagnosed with or treated for in the past as this may affect your ability to safely possess firearms, shotguns or air weapons. Relevant medical conditions which must be disclosed are listed in note 6. Section 34 of the Firearms Act 1968 (as amended) specifies that in order to register a person as a firearms dealer, the chief officer of police must be satisfied that an applicant can be permitted to carry on business as a firearms dealer “without danger to the public safety or to the peace”. Medical fitness is one of the factors police must consider when assessing this.
6. Relevant medical conditions which must be disclosed are:
  - Acute Stress Reaction or an acute reaction to the stress caused by a trauma including post-traumatic stress disorder
  - Suicidal thoughts or self-harm or harm to others
  - Depression or anxiety
  - Dementia
  - Mania, bipolar disorder or a psychotic illness

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

- A personality disorder
  - A neurological condition: for example, Multiple Sclerosis, Parkinson’s or Huntington’s diseases, or epilepsy
  - Alcohol or drug abuse
  - Any other mental or physical condition, or combination of conditions, which you think may be relevant.
7. It is your responsibility to arrange for a suitably qualified GMC-registered doctor\* (including where a doctor is providing this service for a private company) to provide medical information to the police concerning your suitability to possess a firearm and/or shotgun. Please use the doctor’s letter and medical information proforma which is part of this document, detach and pass to the doctor for completion. You are expected to meet the cost if a fee is charged for this. When the medical information is being provided to the police by a doctor from a private company, the doctor must receive the applicant’s medical information direct from the GP practice and not via the applicant.
  8. With regards to data protection, it should be noted that the medical information will be processed on a public interest basis for the legitimate policing purpose of assessing the suitability of someone to be granted a firearm or shotgun certificate.
  9. Medical practitioners have separately requested that an applicant’s consent is provided in order for medical practitioners to be satisfied that they have discharged their obligations under their duty of confidentiality in relation to their patients. The application form requests the applicant’s consent for the release of the information for that reason.
  10. Where the doctor indicates that there are relevant medical issues and police require further medical information to consider the application, you should obtain a report about these medical issues. You are expected to meet the cost of a fee if it is charged. Following this, if police require an additional report to be provided they will meet the cost of the fee charged.
  11. The police will ask your GP to place an encoded reminder on your patient record to indicate that you have been registered as a firearms dealer. The GP is asked to notify the police if, following your registration as a firearms dealer, you are diagnosed with or treated for a relevant medical condition (listed in note 6), or if the GP has other concerns about your safe possession of firearms, shotguns or air weapons. Following contact from your GP there may be a need for a medical report to be obtained to assist with assessment of your continued suitability to possess firearms, shotguns or air weapons. The police will pay if a medical report is required.
  12. Following your registration as a firearms dealer please note that the declaration you have signed consenting to information sharing between your doctor and police applies during the application process and during the validity of your registration.
  13. You are expected to inform the police if, following registration as a dealer, you are diagnosed with or treated for a relevant medical condition while your registration as a firearms dealer remains valid.
  14. You should inform the police if you change your GP practice and provide contact details for the new practice.
  15. You are asked to provide details of GP practices over the past 10 years and whether you have consulted medical practitioners other than at your GP practice so that all relevant information is available to police to assist with their assessment of suitability to possess firearms, shotguns or air weapons.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

For official use only			
Fee paid £	<input type="text"/>	Rank / Number	<input type="text"/>
Receipt Number	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		
Station	<input type="text"/>		

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

This page is left blank to allow the doctor's letter and medical information proforma to be detached from the rest of the application.

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Doctor's Name:	_____	Applicant's Name:	_____
Address	_____	Date of Birth:	_____
	_____	Address:	_____
Post Code:	_____		_____
		Post Code:	_____
		Phone Number:	_____
		E-mail address:	_____

Dear Doctor,

I am applying for a firearm certificate/shotgun certificate/to be registered as a firearms dealer.

**Firearms applications and medical fitness**

The police assess firearms applications and require all applicants to provide factual information from a doctor confirming whether they have ever been diagnosed with or treated for any of the following conditions, which can have a bearing on whether a person is suitable to be granted a firearm certificate:

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder
- Suicidal thoughts or self-harm or harm to others
- Depression or anxiety
- Dementia
- Mania, bipolar disorder or a psychotic illness, or a personality disorder
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
- Alcohol or drug abuse
- Any other mental or physical condition, or combination of conditions, which you think may be relevant.

Please note that the police are not seeking your opinion on my suitability to hold a firearm certificate, as the responsibility for this decision lies with the police. They require only a factual response, from a suitably qualified GMC-registered doctor based on my medical record.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

**Information requested from a GMC-registered doctor**

If there is a history of any of the relevant medical conditions listed, please can the response include the following:

1. Name of medical condition
2. Duration of medical condition
3. Medication prescribed

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Please note that only information about any relevant medical condition(s) should be provided. A print out of my medical history is therefore not acceptable for this purpose.

**Doctors' fees**

Should a fee be payable, please forward an invoice to my home address. I understand that the information will not be provided until the fee, if any, has been paid.

**How to respond**

Your response should be sent to the local police firearms licensing department by secured NHS email, or sent by post. Alternatively, please contact me so that I can collect it. If the response is given to me to supply to the police they may contact you to confirm the details.

When the medical information is being provided to the police by a doctor from a private company, the doctor must receive the applicant's medical information direct from the GP practice and not via the applicant.

Once the police have considered your response, they may wish to see a medical report about any relevant medical conditions I have experienced so that they can give further consideration to my application. I will be liable for the medical fees to provide a report.

**Firearms marker**

Please put a 'firearm application made' flag on the patient record. If I am granted a firearm certificate the police will contact you to ask you to place a 'firearm certificate held' flag on my patient record. This is so that the police can be alerted if I begin to experience any of the relevant medical conditions listed while the firearm certificate remains valid. The police will then review my suitability to continue as a firearm certificate holder.

**Further information**

If you need any further information, please telephone or email the local police firearms licensing department.

Thank you for your assistance.

Yours sincerely,

\_\_\_\_\_ Applicant signature

**CONSENT**

I understand that a doctor may share sensitive personal data with the police concerning my physical and mental health to enable the police to make a decision on my application, or on my continued suitability to possess a firearm certificate/be registered as a firearms dealer, and I hereby consent to this processing of my personal data.

I understand that the police will process the medical information supplied on a public interest basis for the legitimate policing purpose of assessing the suitability of someone to be granted a firearm or shotgun certificate.

I understand that medical practitioners have requested that my consent is provided in respect of their duty of confidentiality to allow doctors to provide information to the police, who will then process the data as described above.

I understand the police may contact my doctor or medical specialist to obtain factual details of any medical history in relation to my suitability to possess a firearm or shotgun. This applies for the life of the certificate.

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

CONFIDENTIAL – MEDICAL (when complete)

## Firearms Licensing

### Medical Information Proforma

This form must not be amended after completion by the doctor. The Firearms Act 1968 specifies that it is an offence to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, with a maximum penalty of six months imprisonment and/or a fine.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

#### PATIENT DETAILS

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### MEDICAL INFORMATION: To be completed by doctor\*

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

Please check the patient's medical record for any history of the following and tick those that apply. Where any apply, please add further details overleaf which can be limited to a statement of fact and not an opinion.

Have you had access to the patient's full medical record to complete this report? Yes  No

Is the medical record continuous? Yes  No

Have you placed a 'firearm application made' flag on the patient record? Yes  No

DATE RECORDS BEGIN: \_\_\_\_\_ DATE OF LAST CONSULTATION: \_\_\_\_\_

Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	A personality disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal thoughts or self-harm or harm to others	Yes <input type="checkbox"/> No <input type="checkbox"/>	A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depression or anxiety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol or drug abuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dementia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other mental or physical condition, or combination of conditions, which may affect the safe possession of firearms or shotguns.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mania, bipolar disorder or a psychotic illness	Yes <input type="checkbox"/> No <input type="checkbox"/>		

PLEASE SIGN OVERLEAF. PLEASE PROVIDE FURTHER INFORMATION IF YOU HAVE TICKED YES TO ANY OF THE ABOVE QUESTIONS.

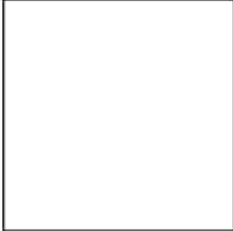
CONFIDENTIAL – MEDICAL (when complete)

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

**CONFIDENTIAL – MEDICAL (when complete)**

Patient Name:	Date of birth:
What is the medical condition or medical conditions?	
How long has the patient been treated for this condition?	
Is the patient still being treated for this?	
Details of medication prescribed	
Have there been any previous episodes of this?	
What is the patient's current condition?	
Do you have any other information you believe may be relevant to the police in determining whether the patient is safe to possess firearms?	

Name of doctor: \_\_\_\_\_  
Signature of doctor \_\_\_\_\_  
GMC Number: \_\_\_\_\_  
Date: \_\_\_\_\_

Practice stamp: 

**CONFIDENTIAL – MEDICAL (when complete)**



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## EXPLANATORY NOTE

*(This note is not part of the Rules)*

These Rules make amendments to the Firearms Rules 1998 (S.I. 1998/1941).

Rule 2(2)(a) replaces the existing application form for a grant or renewal of a firearm and/or shotgun certificate.

Rule 2(2)(b) replaces the existing application form to vary a firearm certificate.

Rule 2(3) replaces the existing application form for registration as a firearms dealer or for a new certificate of registration as a firearms dealer.

These amendments introduce a requirement for the applicant to provide required medical information regarding suitability in the relevant registration or application forms. They also ensure that information relating to the unique identifying mark as applied to the weapon's frame or receiver and, where different, the unique identifying mark as applied to each relevant component part are recorded in the application form.

Rule 3 makes provision to enable chief officers to process applications which are made using the old forms that are to be replaced, provided that the application concerned is received on or before 1st December 2021.

A full impact assessment has not been produced for this instrument as no, or no significant, impact on the private, voluntary or public sectors is foreseen.