

Form B-2
Application for allied services related to licences issued
in Form II, III and IV

Part A

IDENTITY OF THE LICENSEE				
1	Name of the licensee			
2	Parent/Spouse Name			
3	Present address			
		Dist:-	State:	
	Telephone Number	Office	Residence	
	Mobile Number			
	Nearest Police Station			
4	UIN			
5	Licence number Date of expiry (dd/mm/yyyy)			
6	Area validity of the licence			
7	Firearms endorsed on the licence	Weapon 1	Weapon 2	Weapon 3
	Type(Rifle/Shot Gun/Hand Gun)			
	Bore/Caliber			
	Weapon Number			

Part B

Acquisition of a Firearm	
1	1. Type of firearm to be acquired (Rifle/Shot Gun/Hand Gun/Others)
2	Reason for acquisition of firearm
3	Claims for special consideration for acquisition of additional firearm

Declaration:

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other laws for the time being in force.

Signature /Thumb - impression of applicant

Place

Date

Warning:

Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant liable for punishment under Section 30 of the Arms Act, 1959.