

Requirement for renewal of Arms license

- 1. From A-3 application for renewal of Arms Licence (for individuals)**
- 2. Form S-3 standard format of medical certificate**
- 3. Form S-2 Standard format of undertaking for safe storage of firearms**
- 4. Form S-1 Standard format of Training Certificate (From Authorized Academy)**
- 5. 3 recent passport size photograph**
- 6. From A-4 application for renewal of Arms Licence (companies, Banks)**

Form S-1
Standard format of training certificate
[See rule 10(1)]

To
 The Licensing Authority,

Training Certificate

This is to certify the person whose particulars are furnished below has completed the training as stipulated under rule 10(1) of the Arms Rules, 2016 –

1	Name of the person	
2	Father's Name/Spouse Name	
3	Residential address	
4	Age and date of birth	
5	Training period undergone	From ___/___/___ To ___/___/___
6	Details of firearms for which training has been imparted <i>(please specify)</i>	1. Handguns 2. Rifle 3. Shotguns 4. Air weapons
7	Purpose of training <i>(please specify)</i>	1. Application for arms licence 2. Employ with arms dealer 3. Employ with manufacturer 4. Others

The training curriculum included the following modules:

- a) basic arms and ammunition safety practices, including safe handling and carry procedures;
- b) firing techniques and procedures;
- c) care of arms and ammunition;

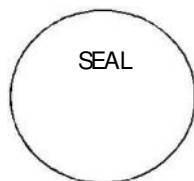
safe storage and transportation of arms and ammunition.

The person named above was also imparted reasonable working knowledge of important provisions of the Arms Act, 1959 and Arms Rules, 2016 relevant to him and made to understand responsibilities of the arms owner or user, particularly in relation to children.

Date

Signatures of the

Place



Certifying Person

Form S-2

Standard format of undertaking for safe storage of firearms

[See rule 10(4)]

To
The Licensing Authority,

Undertaking

This is to solely affirm and declare that –

1. I have applied for grant of a new arms licence/renewal of arms licence (bearing number _____ and my UIN is _____)
2. I undertake to practice safe storage of the firearm (in knocked down condition) when I am not carrying the firearm(s) with me.
3. I undertake to educate the children about the dangers of interacting with arms and ammunition.
4. I have the capacity to store the firearm safely and securely in a safe or steel almirah in order to minimize the risk that it could be stolen or accessed by someone else.

It is hereby solely affirmed that the declaration made above is true to the best of my knowledge and belief and if at any subsequent date, if any of the said declarations is found false or incorrect, I shall be liable for the same including cancellation or revocation of my licence and subject to penal provisions under the Arms Act, 1959.

Place: (Signatures of the Applicant/Licensee)

Date:

Note: Enclose proof of safe storage as mentioned at S.No. 4

Form S-3

Standard format of medical certificate

[See clause (g) of sub-rule (4) of rule 11]] (On the letter head of the medical practitioner)

This is to certify that I have carefully examined the person whose particulars are furnished below –

1	Name of the person examined	
2	Father's Name/Spouse Name	
3	Residential address	
4	Age and date of birth	
5	Height	
6	Weight (in Kgs)	
7	Blood pressure (please specify)	
8	Deformity, if any (particularly in upper limbs)	
9	Any other observation	

On the basis of examination, it is certified that the person examined as mentioned in column 1 above –

1. is in good physical health and is free from any physical deformity;
2. has been found to be of stable mental condition and is not inclined to violence;
3. has been found not dependent on any substance which has an intoxicating or narcotic effect.

Signature of the person examined *named in column (1)* _____

Signature of the medical practitioner _____

Registration Number _____

SEAL

FORM A -3*(for individuals)***Form of application for renewal of arms licence(s)
granted in Form II, III, IV
(See rule 24)**Recent passport
Size photograph of
the licensee

IDENTITY OF THE APPLICANT		
1	UIN (16 digit)	
2	Name	
3	Parent/Spouse Name	
4	Date of birth in Christian era	
(a)	in figures (DD/MM/YYYY)	
(b)	In words	
5	Present Address	
(a)	Telephone (Office/Residence)	
(b)	Mobile No.	
(c)	E-mail.	
(d)	Nearest Police Station	
6	Occupation.	
7	Office/Business Address	

Licence Particulars and Weapon Endorsements			
8	Licence Number		
9	Date of expiry		
10	Area Validity		
11	Weapons Endorsed	Weapon 1	Weapon 2
(a)	Type [Rifle/Shot Gun/Hand Gun (Rev/Pistol)]		
(b)	Bore/Caliber		
(C)	Weapon Number		
12	Ammunition allowed	Cartridges/ Gun Powder/ Percussion Caps	

OTHER PARTICULARS OF THE LICENSEE				
13	Whether the licensee, since the last renewal/issuance of licence has been –			
(a)	Convicted –	Y	N	<i>If yes, details thereof –</i> <i>Offence</i> <i>Sentence</i> <i>Date of sentence</i> <i>DD/MM/YYYY</i>
(b)	Ordered to execute a bond under Chapter VIII of Code of Criminal Procedure, 1973 (2 of 1974) for keeping the peace or for good behavior -	Y	N	<i>If yes, details thereof –</i> <i>Date</i> <i>DD/MM/YYYY</i> <i>Period for which bound</i>
(c)	Prohibited under the Arms Act, 1959, or any other law from having the arms/ammunition	Y	N	<i>If yes, details thereof –</i> <i>Date</i> <i>DD/MM/YYYY</i> <i>Period for which prohibited</i>
14	Whether -			
(a)	The applicant's licence since last renewal/ issuance was ever suspended or Cancelled / revoked	Y	N	<i>If yes, details thereof –</i> <i>Name of the licensing authority</i> <i>Reasons</i>
(b)	Any other member of the applicant's family is in possession of any arms licence, if so, particulars thereof	Y	N	<i>If yes, details thereof –</i> <i>Name</i> <i>Licence No.</i> <i>Weapons endorsed</i> 1. 2. 3.
(c)	The applicant has a safe place to keep the arms and ammunition	Y	N	<i>If yes, details thereof –</i>
(d)	the applicant has undergone prescribed training as specified under rule 10 (whenever made applicable by the Central Government)	Y	N	<i>If yes, details thereof –</i>

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 laws for the time being in force.

Signature /Thumb - impression of applicant

Place

Date :/...../...20.....

Note:-

The exemptee sports persons shall attach a list of the arms and ammunition held by them in a separate sheet against columns 11 and 12.

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.

FORM A - 4*(for companies)***Form of application for renewal of arms licence(s)
granted in Form II, III, IV***(See rule 24)*

IDENTITY OF THE APPLICANT	
1	UIN (16 digit)
2	Name of the licensee company (see Note 1)
3	Constitution of the licensee company
	P.A.N./C.I.N.
4	Name of the responsible person
5	Address of the licensee company
	Telephone No. (office)
	Mobile Number of the responsible person
	E-mail.
	Nearest Police Station

Licence Particulars and Weapon Endorsements				
6	Licence Number			
7	Date of expiry			
8	Area Validity			
9	Total Number of Weapons Endorsed			
10	Details of Weapons	Weapon 1	Weapon 2	Weapon 3
(a)	Type [Rifle/Shot Gun/Hand Gun (Rev/Pistol)]			
(b)	Bore/Caliber			
(c)	Weapon Number			
<i>Separate list be attached for more than three weapons</i>				
11	Ammunition allowed	Cartridges/ Gun Powder/ Percussion Caps		

OTHER PARTICULARS OF THE LICENSEE				
12	Whether the applicant or its office bearers or directors or responsible person since the issuance/last renewal have ever been –			
(a)	Convicted – (attach details in a separate sheet, if the answer is in affirmative)	Y	N	<i>If yes, details thereof –</i>
				<i>Offence</i> <i>Sentence</i> <i>Date of sentence (DD/MM/YYYY)</i>

(b)	Prohibited under the Arms Act, 1959, or any other law from having the arms/ammunition	Y	N	<i>If yes, details thereof –</i> <i>Date</i> <i>DD/MM/YYYY</i> <i>Period for which prohibited</i>
13	Whether -			
(a)	The applicant's licence since last renewal/ issuance was ever suspended or Cancelled / revoked	Y	N	<i>If yes, details thereof –</i> <i>Name of the licensing authority</i> <i>Reasons</i>
(b)	The licensee has a safe place to keep the arms and ammunition	Y	N	<i>If yes, details thereof –</i> <i>Name</i> <i>Licence No.</i> <i>Weapons endorsed</i>
(c)	The retainers appointed by the company have undergone training requirements as specified in rule 10 (whenever made applicable by the Central Government)	Y	N	<i>If yes, details thereof –</i>

Declaration:

I, _____, the responsible person, _____ (designation as mentioned in column 4) of _____ (name of the company), 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, personally, as well as the company are liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force.

*Signature with stamp of the responsible person
signing on behalf of the company*

Notes:

1. Constitution of the company be mentioned –

Private Limited Company; Limited Company; Government Undertaking; Society: Co-operative Society; Institute; University; Partnership Firm; Association of Persons (AOPs) or any other body under any special act or otherwise etc.

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 company and the responsible person liable for punishment under Section 30 of the Arms Act, 1959.