

An Garda Síochána Firearms Certificate Amendment / Cancellation Form - FCA2

[For Substitutions use Form FCA1]



CAPITAL LETTERS TO BE USED THROUGHOUT

Select 1 . If any Personal or Firearm Details have to be amended on a Certificate **Select 2**. If a Firearm Certificate has to be cancelled

(Tick one box only)

1. Amendments to a Firearm Certificate	2. Cancellation of a Firearm Certificate
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PULSE Application Number

Person PULSE ID

Firearm Certificate No

1. Amendments to Firearm Certificate

Amend Personal Details From :	Amend Personal Details To :
Surname:	Surname:
Firstname:	Firstname:
Middlename:	Middlename:
Date of Birth: (dd,mm,yyyy)	Date of Birth: (dd,mm,yyyy)
Address:	Address:
County:	County:
Local Station:	Local Station:
Home Tel: Mobile:	Home Tel: Mobile Tel
Occupation:	Occupation:
Nationality:	Nationality:
Amend Firearm Details From:	Amend Firearm Details To:
Serial No:	Serial No:
Calibre	Calibre
Exact Type:	Exact Type:
Make:	Make:
Model:	Model:
Amend Pistol/Rifle Club Details From:	Amend Pistol/Rifle Club Details To:
Authorised Pistol/Rifle Club Name	Authorised Pistol/Rifle Club Name
Authorised Pistol/Rifle Club Address	Authorised Pistol/Rifle Club Address
Membership No.:	Membership No.:
Club Secretary's Name:	Club Secretary's Name :
Club Secretary's Name:	Club Secretary's Name:
Reason for Amendment:	
Signature of person requesting Amendment of Firearm Certificate: _____	
Date: _____	

2. Cancellation of Firearm Certificate

Certificate No:	Certificate Type:	Person Pulse ID:
Firearm Certificate Holder Details:		Holder Address:
Surname:		
Firstname:		
Middle Name:	County:	
Date of Birth: (dd,mm,yyyy)	Home Tel:	Mobile Tel:
Local Station:		
Firearm Details :		
Serial No.:	Maker :	Type :
Calibre :	Model :	

Reason for Cancellation of the Firearm Certificate: (Tick appropriate boxes)

Sold To New Holder:	New Holder Details:
Transferred to Dealer:	Dealer PULSE I.D. No. _____ Dealer Name: _____ Dealer Address: _____
Destroyed by Dealer:	Dealer PULSE I.D. No. _____ Dealer Name: _____ Dealer Address: _____
Destroyed by other:	Provide Details:
Deactivated:	Provide Details:
Exported Gun:	Provide Details:
Emigrated:	Provide Details:
Deceased:	Provide Details as to where Firearm is now:
Lost:	Seized:
	Stolen:
	Revoked:
	Other:
Specify:	

Signature of person requesting Cancellation of Firearm Certificate: _____

Date: _____

For Official Use Only

If the Firearm Status has changed due to an Incident, please supply the **PULSE Incident Number**

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Incident number relating to **Lost:** **Seized:** **Stolen:**

For completion by member receiving the Form FCA2:

Reg. No:	Surname:	Station Stamp
Rank:	First Name:	
Station:	Signature:	

For completion by Issuing Superintendent or Chief Superintendent (depending on whether Firearm is restricted or not)

This amendment relates to a: **Non Restricted * Firearm** **Restricted * Firearm**

Decision of Superintendent * / Chief Superintendent * (delete as appropriate):

I **approve** of the amendment I do **not approve** of the above amendment. Form **FCA1** must be completed.

Decision of Superintendent * / Chief Superintendent * (delete as appropriate):

I **approve** of the cancellation for the Firearm Certificate.

Reg. No:	Surname:	District or Divisional Officer Stamp
Rank:	First Name:	
Station:	Signature:	