		For Office Use	e			
	A PPL	ICATION FOR RENEWAL OF LICENCE FOR FIREARM ISSUED FOR				
•		CROPS/PROPERTY PROTECTION 2023				
Instruc	tions:-					
	Appli	cations must be completed, one for each firearm.				
	If over 65 years of age, you must submit a medical certificate (Form "H") to prove physical					
		s. (download from www.defence.lk)				
	- '	y of the National Identity Card and the last license obtained should be submitted.				
	· · · · · · · · · · · · · · · · · · ·					
		e resident district and the police recommendation should be obtained from the poli	ice			
	•	liction of the resident district.				
		relevant land is located outside the residential district / Divisional Secretariat, a report				
		ge to the crops/livestock should be obtained from the Grama Niladhari / Agricultur rch and Production Assistant / Agriculture Instructor of the Divisional Secretariat of t				
			116			
	dictric	et to which the land belongs and attached to the application				
		ct to which the land belongs and attached to the application. Completed application form should be handed over to the District Secretary.				
		ct to which the land belongs and attached to the application. ompleted application form should be handed over to the District Secretary.				
(1)		ompleted application form should be handed over to the District Secretary.				
(1)		ompleted application form should be handed over to the District Secretary.				
(1)	The co	ompleted application form should be handed over to the District Secretary. Part I				
(1)	The co	ompleted application form should be handed over to the District Secretary. Part I Applicant's Full Name:				
(1)	The co	Part I Applicant's Full Name:				
(1)	The co	Part I Applicant's Full Name:				
(1)	The co	Part I Applicant's Full Name:				
(1)	i. ii.	Part I Applicant's Full Name: Permanent address:-				
(1)	i. ii. iii.	Applicant's Full Name:				
(1)	i. ii. iii. iv.	Applicant's Full Name: Permanent address: Occupation: Sex (Male/Female) : Date of Birth: - age as at 01.01.20 Years Months Days N.I.C. No.:				
(1)	i. ii. iii. v. v.	Part I Applicant's Full Name:				
	i. ii. iii. v. vi. vii. viii.	Part I Applicant's Full Name:				
	i. ii. iii. v. vi. vii. viii.	Part I Applicant's Full Name:				
	i. ii. iii. v. vi. vii. viii.	Part I Applicant's Full Name:				
	i. ii. iii. v. vi. vii. viii. Particu	Applicant's Full Name:				

(3) Has the applicant been charged or convicted by a Court of Law during the previous year? Mention the

.....

details below. (Relevant Offence, Penalty, Name of the Court and Case Number)

FORM A

Serial Number

(4	l) Partici	ulars of the firearm currently	in your possession	
	i.	Nature of the weapon:- Sh	notgun/ Repeater/ Rifle	
	ii.	Type and Number:		
	iii.	Particulars of other additio	nal firearms in your possession:	
	iv.	The year of the first issuan	ce of licence:	
	v.	•	e of the last licence and if the firearm l	
I he	ereby dec	clare that the above particular	rs are true and correct.	
D	ate:		Signature of the App	
			Part II	
			1 111 11	
		Re	f No. of the Divisional Secretariat	
	To be fi	illed by the Grama Niladha	ari and Divisional Secretary of the res	sidential DS Division
1)	I am/ar above.	m not satisfied that he is a r	resident of my area as per the informa-	tion given under section (I)
2)	this fire		nt still has the requirements which existivated lands and	
3)	•	• •	earm has been obtained last for year	
_	2-4			
L	Jaie:		Signature and Of with Name of G	
I do	/ do not	agree with the recommendat	ion of the Grama Niladhari.	
Ι	Date:			
			Signature and Of with Name of Di	fficial Stamp visional Secretary

Part III

Cultivated lands, in cases situated outside the district.

Divisional Secreta	ariat Reference No
To be completed by the Grama Niladhari and the Divis where the land is located	ional Secretary of the Divisional Secretariat
where the land is located	
(1) I am satisfied that the agricultural land of the above nar	med person is within my area.
(2) I do / do not certify that the applicant still has the requifire arm ,	•
(3) The firearm was last licenced for possession in the year	of
Date:	
	Signature and Official Stamp with Name of Grama Niladhari of the area where the land is located
Agree/Disagree with grama Niladhari's recommendation.	
Date:	
	Signature and Official Stamp with Name of Divisional Secretary
Part IV	7
	Ref No.
Police Clearance Report (from the police area where th	<u>e applicant resides)</u>
1) No crime reports or connection to terrorist activities relations/ following crimes have been reported.	es present against the applicant or his/her close

2) No apparent physical or some other disability which prevents him/her from using a gun. The applicant

suffers from following disability which prevents him/her from using a gun.

not agree that the number on the firearm and the r						
4) A licence is present for the firearm for the current year/ Due to non-availability of a licence, the fire has been temporarily taken in to the custody of Police Station. (mandatory)						
* *	recommend the application on following grounds.					
						
Date :						
Date:	Official Stamp with Name of OIC / Chief Inspector of Police					
I agree / disagree with the OIC's recommendation	above.					
Date :						
	SSP/SP					
Pa	art V					
	Ref No.					
For the use of the Authorized District Secretariat						
District Secretary,						
	operty of the above mentioned applicant has fulfilled the a licence, the renewal of the relevant licence for year is submitted for approval.					
	Officer in Charge of Subject					
I do / do not recommend the renewal of the firearm lie	cence.					
Date:						
	District Secretary/ Officer Authorized for District Secretary					