## An Garda Síochána Firearms Certificate Amendment / Cancellation Form FCA2

Firearms Acts, 1925 – 2009 as amended

[For Substitutions use Form FCA1]



Serial No.:

Calibre:

## 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 **PULSE Application Number Person PULSE ID** Firearm Certificate No **Amendments to Firearm Certificate** Amend Personal Details From: Amend Personal Details To: Surname: Firstname: Firstname: Middlename: Middlename: Date of Birth: Date of Birth: dd,mm,yyyy) (dd,mm,yyyy) Address: Address: County: County: Local Station: Local Station: Home Tel: Mobile Tel: 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:

Maker:

Model:

Type:

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:			
Date:				
For Official Use Only				
If the Firearm Status has changed due to an Incident, please supply the PULSE Incident Number.  Incident number relating to Lost: Seized: Stolen:				
For completion by member		.2:		
Reg. No:	Surname:			
Rank:	First Name:		Station Stamp	
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 Restr				
Decision of Superintendent * / Chief Superintendent* (delete as appropriate):  I approve of the amendment				
Decision of Superintendent * / Chief Superintendent* (delete as appropriate):  I approve of the cancellation for the Firearm Certificate.				
Reg. No:	Surname:			
Rank:	First Name:		District or Divisional	
Station:	Signature:		Officer Stamp	