

Reason for Cancellation of the Firearm Certificate : <i>(Tick appropriate boxes)</i>			
Sold To New Holder : <input type="checkbox"/>	New Holder Details:		
Transferred to Dealer: <input type="checkbox"/>	Dealer PULSE I.D. No. Dealer Name: Dealer Address:		
Destroyed by Dealer: <input type="checkbox"/>	Dealer PULSE I.D. No. Dealer Name: Dealer Address:		
Destroyed by other: <input type="checkbox"/>	Provide Details:		
Deactivated: <input type="checkbox"/>	Provide Details:		
Exported Gun : <input type="checkbox"/>	Provide Details:		
Emigrated: <input type="checkbox"/>	Provide Details:		
Deceased: <input type="checkbox"/>	Provide Details as to where Firearm is now:		
Lost: <input type="checkbox"/>	Seized : <input type="checkbox"/>	Stolen: <input type="checkbox"/>	Revoked: <input type="checkbox"/>
Other: <input type="checkbox"/>	Specify:		

<p><i>Signature of person requesting Cancellation of Firearm Certificate:</i> _____</p> <p><i>Date:</i> _____</p>

For Official Use Only

If the Firearm Status has changed due to an Incident, please supply the PULSE Incident Number . Incident number relating to <i>Lost:</i> <input type="checkbox"/> <i>Seized :</i> <input type="checkbox"/> <i>Stolen:</i> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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 <i>(depending on whether Firearm is restricted or not)</i>

This amendment relates to a: Non Restricted * Firearm <input type="checkbox"/> Restricted * Firearm <input type="checkbox"/>
Decision of Superintendent * / Chief Superintendent* (delete as appropriate): I <i>approve</i> of the amendment <input type="checkbox"/> I do <i>not approve</i> of the above amendment. Form FCA1 must be completed. <input type="checkbox"/>
Decision of Superintendent * / Chief Superintendent* (delete as appropriate): I <i>approve</i> of the cancellation for the Firearm Certificate. <input type="checkbox"/>

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