



Application No.
(For Official Use Only)

HONG KONG POLICE FORCE
Firearms and Ammunition Ordinance (Chapter 238)
Application for Exemption

Before completing this form, please read the 'Information Notes'

This application is for - (Please "✓" as appropriate)

- modified firearms for TV/Film shooting
- starting pistols for sport
- deactivated firearms for self collection
- sport and competition
- others (please specify _____)

Part I : Particulars of the applicant / organisation

Please provide a copy of the relevant registration documents of the organisation / school / company, such as Business Registration Certificate and / or Memorandum and Article of Association (for organization only)

Name in full : _____
(English) (Chinese)

Type of Identity Document and No. / HKID Card No. : _____

Chinese Commercial Code : _____ / _____ / _____ Nationality : _____

Date of Birth : _____ Male Female

Place of Birth : _____ Occupation : _____

Residential Address : _____

Name of the Organisation / School / Company : _____

Business / School / Society * Registration Certificate No. : _____

Business / School / Society * Address : _____

Tel. No. : _____ Fax No. : _____
(Office) (Home) (Mobile)

* Delete where inappropriate

Records of illness and criminal conviction

Have you ever attempted to commit suicide, or suffered from any illness, including mental disorder, which may affect your capability in controlling the arms?

- No Yes (*please provide details*)

Have you ever been convicted of a criminal offence in Hong Kong or elsewhere?

- No Yes (*please give full details at below, use plain paper if insufficient space*)

Date of conviction	Offence	Sentence	Venue of trial (including country)

Part II : Particulars of the Arms and Ammunition under Application

Please write on a separate sheet of paper if space below is insufficient

Arms Type, Brand name and model	Calibre	Serial No.	Rounds of Ammunition

Source where the subject arms and ammunition are to be obtained

Please provide a confirmation letter from the source

Full name and address of the dealer / organisation / individual

Storage of the subject arms and ammunition

The subject arms and ammunition except deactivated firearms MUST be stored in an approved armoury when not in use

Name and address of the storage

Part III: Use of the Subject Arms and Ammunition

(To be completed for all applications other than deactivated firearms)

Name of the production / activity :

Details of use of the subject arms and ammunition:

Date & time covered :

**Details of ALL persons who will use and handle the subject arms and ammunition
(EACH person has to submit a separate application by completing a “User Application” form)**

Please use a separate sheet of paper if space below is not sufficient.

Name	Type of Identity Doc. & No

Detailed location(s) / venue(s) where the subject arms and ammunition are to be used

*Applicant applying for TV/Film shooting purpose is **not** required to fill in this part. TV/Film shooting location(s) will be subject to approval of the Police Public Relations Branch before the intended TV/Film shooting on a case-by-case basis.*

Part IV : Authorization and Declaration of the Applicant

I DECLARE that the information and particulars submitted by me in support of this application are, to the best of my knowledge and belief, true, correct and complete. I understand that section 47 of the Firearms and Ammunition Ordinance, (Cap. 238) states that any person who makes any statement which he knows to be false or misleading, or recklessly makes any statement which is false, in a material particular for the purpose of procuring, whether for himself or another, the grant, renewal or amendment of a licence, or the grant of an exemption commits an offence and is liable to imprisonment for 2 years.

I hereby authorize the Commissioner of Police, or his representative, to release full particulars of any and all criminal convictions recorded against me to Police Licensing Office, and to obtain information and/or to inquire into any and all my personal data (including my medical reports, etc) from any third party for the purpose of investigation into and/or enforcing any matters relating to my application/licence/exemption.

I also agree that the personal data provided by means of this form will be used by the Commissioner of Police for processing applications/updating record/conducting all kinds of present and subsequent investigations/enforcing licensing conditions in connection with licences/exemption under the Firearms and Ammunition Ordinance (Cap. 238).

Signature of the Applicant

Official chop of the Company / Organisation
(where applicable)

Name of the Applicant (in BLOCK Letter)

Date

Position held