



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)

- possession of deactivated firearm and/or firearm component part(s) for personal collection
- possession of modified firearm and/or firearm component part(s) for TV/film shooting
- possession of starting pistol for the purposes of sport
- possession of arms used by non-local residents for local sport events or competitions
- other purposes (please refer to Information Notes and 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)

E-mail : \_\_\_\_\_

\* Delete where inappropriate

**Records of illness and criminal conviction**

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

No      Yes (*please provide details*)

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

No      Yes

(*please give full details. If there is insufficient space, please give details on supplementary sheets*)

| <u>Date of conviction</u> | <u>Offence</u> | <u>Sentence</u> | <u>Venue of trial</u><br>(including country) |
|---------------------------|----------------|-----------------|--|
|                           |                |                 |  |
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**Part II : Particulars of the Arms andAmmunition under Application**

(*If there is insufficient space, please give details on supplementary sheets*)

| <u>Type*, Brand and Model</u> | <u>Calibre</u><br>( <i>If applicable</i> ) | <u>Serial No.</u><br>( <i>If applicable</i> ) | <u>Rounds of Ammunition</u><br>( <i>If applicable</i> ) |
|-------------------------------|--|---|---|
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\* *For Firearms Component Parts, please specify the parts in accordance with the types of component parts listed under the Firearms and Ammunition Ordinance (Cap. 238), namely a barrel / chamber / cylinder / frame / body / receiver / breech block / bolt / other mechanism for containing the pressure of discharge at the rear of a chamber*

**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**  
*(Except deactivated firearms / firearms component parts, all arms and ammunition 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 application for deactivated firearms / firearms component parts for self collection)*

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)***

*(If there is insufficient space, please give details on supplementary sheets)*

| Name | Type of Identity Doc. & No |
|------|----------------------------|
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**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 authorise the Commissioner of Police or his representative to release my personal particulars, including my criminal conviction record(s), to the Police Licensing Office and other relevant police units, and to obtain information of and/or to inquire into any and all of my personal data from other government bureaux/departments/ organisations, which are required in processing my application and assessing my suitability and/or 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 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 and/or exemption granted 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