

**PERSONAL DATA – 個人資料**



Application No. \_\_\_\_\_

**HONG KONG POLICE FORCE  
Firearms and Ammunition Ordinance (Cap. 238)  
Application for Renewal of Authorization as an Arms Instructor (Spear Gun)**

**Note for Applicants**

Applicant is required to submit the following documents **BY FAX** (Fax No. 2200 4323), **BY MAIL** or **IN PERSON** to the Police Licensing Office on 12/F., Arsenal House, Police Headquarters, 1 Arsenal Street, Wanchai, Hong Kong: -

- (a) completed application form;
- (b) a copy of the Hong Kong Identity Card;
- (c) a copy of the current arms instructor authorization;
- (d) a copy of other relevant documents; and
- (e) recommendation letter from Sub-aqua Association, Club or Organization.

**To: Commissioner of Police  
(Attn.: Superintendent Licensing)**

**Part I : Personal Particulars**

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 : \_\_\_\_\_

Office Address : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) Fax No. : \_\_\_\_\_

**Records of illness and criminal conviction**

Have you in the past 3 years 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 in the past 3 years 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)

Please '✓' as appropriate

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## Part II : Details of Application

I apply for renewal of the authorization to enable me to carry out arms instructor's duty for instructing others in the use and handling of spear guns. My current authorization as an arms instructor (spear gun) will expire on \_\_\_\_\_.

(A) I am currently holding a valid licence for possession to possess \_\_\_\_\_ spear gun(s).

Licence No.: \_\_\_\_\_ Licence Issue Date: \_\_\_\_\_

Licence Expiry Date : \_\_\_\_\_

(B) (i)  I have been a member of \_\_\_\_\_ (name of sub-aqua association, club or organization) since \_\_\_\_\_ and remain an active member in diving activities.

(ii) (a)  I have attained Instructor for Under Water Hunter (Specialty) qualification certified by a recognized sub-aqua association or equivalent since \_\_\_\_\_. This qualification and my Instructor qualification remain valid;  
or

(b)  I have attained Advanced Instructor or an Open Water Instructor qualification certified by a recognized sub-aqua association or equivalent since \_\_\_\_\_. This qualification remains valid. In addition, I have 30 (or more than 30) occasions in under water hunting experience.

(C)  I have attended/obtained additional qualifications or courses relating to arms instructor's (spear gun) duties during the approved period.

<u>Description of qualifications/courses</u>	<u>Date of course(s) attended</u>
_____	

\_\_\_\_\_ copy of relevant documents are attached.

Please '✓' as appropriate

## Part III : 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 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, shall be guilty of an offence and shall be liable to imprisonment for 2 years and to a fine.

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.

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/enforcement purposes under the Firearms and Ammunition Ordinance (Cap. 238).

Signature of Applicant : \_\_\_\_\_

Name of Applicant : \_\_\_\_\_

Date : \_\_\_\_\_

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### **Note 1 :**

Application for renewal must be submitted not more than 90 days and not less than 45 days before its expiry.

### **WARNING**

Under the Prevention of Bribery Ordinance (Cap. 201), it is an offence for any person to solicit, offer or accept any advantage including money and gifts in connection with the processing of any application under the Firearms and Ammunition Ordinance.

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**Recommendation of Sub-aqua Association, Club or Organization  
in support an Application for Renewal of Authorization as an Arms Instructor  
(Spear Gun)**

**To be completed by TWO Executive Committee members of  
Sub-aqua Association, Club or Organization**

**To: Commissioner of Police  
(Attn.: Superintendent Licensing)**

I recommend this application made by \_\_\_\_\_ and  
confirm that the information detailed at Part II is correct to the best of my knowledge.

Name of Organization : \_\_\_\_\_ Organization Chop : \_\_\_\_\_

Signature of Executive Committee member : \_\_\_\_\_  
Signature of Executive Committee member : \_\_\_\_\_

Name of Executive Committee member : \_\_\_\_\_  
Name of Executive Committee member : \_\_\_\_\_

Date : \_\_\_\_\_ Date : \_\_\_\_\_