

PERSONAL DATA - 個人資料



Application No. _____

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

Notes for Applicant

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 valid agent's approval (if applicable);
- (d) a copy of other relevant documents; and
- (e) recommendation letter from the Shooting Club/Security Company.

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 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)

Please '✓' as appropriate
AI (01/2008)

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Part II : Details of Application

I apply to take the qualification tests for an authorization to carry out arms instructor's duties at any shooting range approved by the Commissioner of Police. The category of arms under application is/are:

Category	Types of Firearms
<input type="checkbox"/> A	Airgun - Pistol or Rifle
<input type="checkbox"/> B	Handgun - Revolver or Pistol
<input type="checkbox"/> C	Shotgun - Manual or Semi Automatic
<input type="checkbox"/> D	Rifle - Manual or Semi Automatic
<input type="checkbox"/> E	Others - (please specify)

I am currently: (a) holding a valid licence for possession
Licence No. _____ Expiry Date: _____

(b) an approved agent of licensee, _____
Licence No. _____

(please attach a copy of valid agent's approval)

of category of arms^(Note 1) under application.

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 : _____

Note 1 :

An applicant shall be a licensee or an approved agent of a licensee of such arms under application.

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 Shooting Club/Security Company
in support an Application for Authorization as an Arms Instructor**

To be completed by the Responsible Officer of the Shooting Club/Security Company

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

I support this application made by _____
and confirm that the information detailed at Part II is correct to the best of my knowledge.
In this regard, I have no objection to the applicant to carry out arms instructor's duties for
the arms category under application at the shooting range under the club's/company's
control.

Chop of Shooting Club
/Security Company

Authorized Signature: _____
Name of Responsible Officer: _____
Name of Shooting Club /
Security Company: _____
Date : _____