

FEO Series of 2014rszmgb

INDIVIDUAL APPLICATION FOR LICENSE TO OWN AND POSSESS FIREARMS



(To be filled out by FEO Person LICENSE CONTROL		, .		Т			-			-						-																	
TYPE OF LICENSE:					TYPE 1 TYPE 2								TYPE3 TYPE 4						TYPE 5														
OTHER LICENSE/S:		Spo	orts	Sh	oot	er		Antique						e Firearm Collector							Gun Collector												
(To be filled out by A	pletely and legibly)						PERSONAL INFO					DRMATION				DATE :				Day Month						Yeau							
Last Name:																																	
First Name:																																	
Middle Name:																					Q	Qualifier:											
E-Mail Address:																																	
Place of Birth:																																	
Date of Birth:	/	Month / Year																	Gender: M F														
Mobile No.:	3		TIN:												-				-														
Primary Address:															Tel	ep	hon	ie N	o.:	()									
Unit No./Bldg:																										П							
Street/Brgy:																																	
City/Municipality:																																	
Region:															Postal Code:																		
Next of Kin:	Nam	ne																				T											
		First	Nan																														
	Mido	dleN	lam	e																					L	L							
Mobile No.:	+	6	6 3 Telephone No.:)																		
Qualification:	mar	an 🗆 Profe						essional					□Private Employee □P						ΙРΝ	NP/AFP/Other LEAs													
_		ficial Gov						't Official					□Gov't Employee □F						_	et. PNP/AFP/Other LEAs													
Reserve AFP Ret. Gov't Official											Ret. Gov't Employee Others																						
I hereby provided herein a involving moral to	ire ti urpit	rue a :ude,	nat, ¡ and o nor	purs corre	suar ect. ve I	nt to Fur bee	ther en c	pro , I c	ovis ertif icte	ion: y tha d oi	s of atll r am	Re nave	pub e nc ırrer	ntly a	en c an a	conv	icte isec	d of	any a pe	/ cri	me ing	Г									1		
criminal case for a crime that is punishable with a penalty of more than two (2) years. Any misdeclaration/falsity stated in this application shall be a basis for the cancellation of my license and the revocation of the registration/s of my firearm/s and its/their eventual confiscation without prejudice to the filing of criminal and/or civil case against me.															2" X 2" I.D. Photo (White Background) Original Photo Only No Photocopy No Scanned																		
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SUBSCRIBED AND SWORN to before me this day of 20applicant exhibited to me his/her competent evidence of identity issued by, bearing ID No on 20																																	
Doc. No.: Page No.: Book No.: Series of 20																								RIG	нт.	THU		—— Mar					
					NOTARY PUBLIC																	(R	oll ti			int f				ght)		