



# INDIVIDUAL APPLICATION FOR NEW FIREARM REGISTRATION



(To be filled out by FEO Personnel only)

**REGISTRATION CONTROL No.:**    -     -    -

(To be filled out by Applicant completely and legibly)

**DATE:**   /   /

**LICENSE CONTROL No.:**    -    -    -

**TYPE OF LICENSE:**

**OTHER LICENSE/S:**  Sports Shooter  Antique Firearm Collector  Gun Collector

**Last Name:**

**First Name:**

**Middle Name:**  **Qualifier:**

**Primary Address (1):** **Telephone No.:** (   )

**Unit No./Bldg:**

**Street/Brgy:**

**City/Municipality:**

**Region:**  **Postal Code:**

**Other Address (2):** **Telephone No.:** (   )

**Unit No./Bldg:**

**Street/Brgy:**

**City/Municipality:**

**Region:**  **Postal Code:**

## FIREARM/S INFORMATION

SOURCE OF FIREARM	KIND	MAKE	MODEL	CALIBER	SERIAL NUMBER	Address (1or2)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Fill out separate sheet if necessary. For firearm/s with different address, please fill out on separate **Registration Form/s**.)

## CONSENT OF VOLUNTARY PRESENTATION FOR INSPECTION

I hereby undertake to renew the registration of my firearm/s on or before the expiration of the same; that, pursuant to the provisions of Republic Act No. 10591, I voluntarily give my consent and authorize the PNP to inspect my firearm/s described above at my residence/address as indicated in my application and, to confiscate or forfeit the same in favor of the government for failure to renew my firearm/s registration/s within six (6) months before the date of its expiration.

\_\_\_\_\_  
**Signature above printed name**

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ applicant 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 \_\_\_\_\_

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**NOTARY PUBLIC**