Firearms and Explosives Office Form No. 6 (Revision\_October 2022)



## FIREARM REGISTRATION APPLICATION FORM



(Transfer)
(Not Valid for Light Weapon)

TYPE OF LICENSE:	☐TYPE 1 ☐TYPE 2	TYPE 3	☐TYPE 4 ☐TYPE 5
OTHER LICENSE/S:	Sports Shooter  Ant	ique Firearm Co	ollector Gun Collector
			Month Day Year
		DATE	
PERSO	ONAL INFORMATION		
Last Name :			
First Name/s :			
Middle Name :		Qı	ualifier: L.
Citizenship :			
E-Mail Address : Month	Day Year		
Date of Birth : :	Gen	der: M F	
Mobile Number :	Tin	:	
Landline Number:			
Firearm Residence			
Unit No./Bldg :			
Street/Brgy :			
City/Municipality :			
Province :	<del></del>		Postal Code
Region : Postal Code			
Firearm Information	e		
Source : First Name	e		
Middle Nar			
Juridical			
Mobile N	MODEL	CALIBER	SERIAL NUMBER
KIND WAKE	WODEL	CALIBER	SERIAL NOIVIDER
	-	<del>+</del>	
		<del></del>	
CERTIFICATION AND UNDERTAKING			
I hereby certify that, pursuant to the provisions of Republic Act 10591, all statements provided herein are true and correct. Further, certify that I have not been convicted of any crime involving moral turpitude, nor have I been convicted or am currently an accused in a pending			
criminal case for a crime that is punishable with a penalty of more than two (2) years. Any misdeclaration/fraud stated in this application and the			
attached documentary requirements 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 charges against me.			
ts/their eventual confiscation without prejud	lice to the filing of criminal and/or civil charg	es against me.	
Signature above Printed Name			
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			

**NOTARY PUBLIC**