



## 2. Cancellation of Firearm Certificate

<b>Certificate No:</b>	<b>Certificate Type:</b>	<b>Person Pulse ID:</b>	
<b>Firearm Certificate Holder Details:</b>		<b>Holder Address:</b>	
Surname:			
Firstname:			
Middle Name:		County:	Eircode:
Date of Birth: (dd,mm,yyyy)		Local Station:	
Home Tel:		Mobile Tel:	
Email:			
<b>Firearm Details</b>			
Serial No:		Make:	Model:
Calibre:		Ammunition Capacity:	Type:
<b>Reason for Cancellation of the Firearm Certificate : (Tick appropriate boxes)</b>			
<b>Sold To New Holder :</b>	<input type="checkbox"/>	New Holder Details:	
<b>Transferred to Dealer:</b>	<input type="checkbox"/>	Dealer PULSE I.D. No. Dealer Name: Dealer Address:	
<b>Destroyed by Dealer:</b>	<input type="checkbox"/>	Dealer PULSE I.D. No. Dealer Name: Dealer Address:	
<b>Destroyed by other:</b>	<input type="checkbox"/>	Provide Details:	
<b>Deactivated:</b>	<input type="checkbox"/>	Provide Details:	
<b>Exported Gun :</b>	<input type="checkbox"/>	Provide Details:	
<b>Emigrated:</b>	<input type="checkbox"/>	Provide Details:	
<b>Deceased:</b>	<input type="checkbox"/>	Provide Details as to where Firearm is now:	
<b>Lost:</b>	<input type="checkbox"/>	<b>Seized :</b> <input type="checkbox"/>	<b>Stolen:</b> <input type="checkbox"/> <b>Revoked:</b> <input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>	Specify:	

**Signature of person requesting Cancellation of Firearm Certificate:** \_\_\_\_\_

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

**For Official Use Only**

If the Firearm Status has changed due to an Incident, please supply the **PULSE Incident Number**.  
 Incident number relating to *Lost*:  *Seized* :  *Stolen*:

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**For completion by member receiving the Form FCA2:**

<b>Reg. No:</b>	<b>Surname:</b>
<b>Rank:</b>	<b>First Name:</b>
<b>Station:</b>	<b>Signature:</b>

<b>Station Stamp</b>
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**For completion by Issuing Superintendent or Chief Superintendent** *(depending on whether Firearm is restricted or not)*

This amendment relates to a: **Non Restricted** \* Firearm  **Restricted** \* Firearm

Decision of Superintendent \* / Chief Superintendent\* (delete as appropriate):

I *approve* of the amendment  I do *not approve* of the above amendment. Form **FCA1** must be completed.

Decision of Superintendent \* / Chief Superintendent\* (delete as appropriate):

I *approve* of the cancellation for the Firearm Certificate.

<b>Reg. No:</b>	<b>Surname:</b>
<b>Rank:</b>	<b>First Name:</b>
<b>Station:</b>	<b>Signature:</b>

<b>District or Divisional Officer Stamp</b>
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