



An Garda Síochána

Form FRPC 1

FIREARMS SHOOTING RANGE / PISTOL / RIFLE AUTHORISATION APPLICATION

Firearms Act, 1925 – 2009 As Amended

For use by An Garda Síochána

Applicant Person PULSE ID

Range / Pistol / Rifle Club Authorisation Number

Sections 1 to 4 inclusive, to be completed by Applicant. Other sections to be completed by An Garda Síochána.
Use BLOCK CAPITAL letters throughout. (M) = Mandatory field i.e. must be completed.

SECTION 1: - SHOOTING RANGE / RIFLE/ PISTOL CLUB DETAILS (M)

This application relates to: *(Tick ✓ as appropriate)*

Shooting Range Rifle Club Only Pistol Club Only Rifle & Pistol Club

Name of Shooting Range / Rifle / Pistol Club (M)

Address of Physical Location of Shooting Range / Rifle / Pistol Club (M) ;

Contact / Mailing Address for Shooting Range / Rifle / Pistol Club (M) ;

County (M)

County (M)

Contact Telephone No.s

Fax No.

Email:

SECTION 2: - PERSONAL DETAILS OF APPLICANT

(Tick ✓ as appropriate)

- (i) I am the owner of the aforementioned Shooting Range and / or
- (ii) I am the operator of the aforementioned Shooting Range and /or
- (iii) I am an authorised officer of the aforementioned Rifle / Pistol club and I hold the position of: _____

Surname (M)	Address (M)	Work Address:
First name (M)		
Middle name:		
DOB (M) (ddmmyyyy)	County (M)	County
	Occupation (M)	Nationality (M)
Gender Male Female	Contact No.s	

SECTION 3: - DECLARATION BY APPLICANT (M)

- I declare that the information provided by me on this form is true to the best of my knowledge and belief.
- I acknowledge that I have familiarised myself with all legislative and regulatory requirements relating to the Shooting Range / Rifle / Pistol Club.
- I will comply with all these requirements.
- I will undertake all measures to ensure
 - The use or storage of any rifles, pistols and ammunition, where such is allowed, will not endanger the public safety or security or the peace.
 - The Shooting Range / Rifle / Pistol Club is responsibly managed.
- I acknowledge that the provision of false or misleading information may lead to prosecution.

Applicant Signature _____ Secretary Signature _____
 Print Name () Print Name ()
 Date: _____ Date: _____

SECTION 4: - ADDITIONAL CONDITIONS AND REQUIREMENTS

As part of this application process, you must satisfy a number of requirements including the following:

- **Fee :-** Each application must be accompanied by the appropriate fee. Details of Fees may be got by contacting the Garda Firearms Policy Unit at (01) 6661911, (01). 6661916
- **Range Certificate:-** Where the application relates to a Shooting Range, you must provide a valid firearms range certificate.
- **Regulations under Sec. 33 Subsection 13, Criminal Justice Act 2006:-** A copy of any regulations made by the Minister, or of the material part of them, will be provided with this application form. You must familiarise yourself with any such regulations. You must confirm compliance with these regulations by signing the declaration in this form.
- **Proof of Identity:-** Provide proof of your identity.
- **Additional Information:-** You shall supply in writing any further information that the issuing member may need in the performance of his/her functions under this act.

SECTION 5: - DECISION OF ISSUING OFFICER (M) : For completion by issuing Garda Officer

In my opinion, the particulars contained in this application are correct, and: <i>(Tick ✓ as appropriate)</i>		
The use or storage of the rifles, pistols and ammunition, will not endanger the public safety or security or the peace.	Yes	No
The Shooting Range / Rifle / Pistol Club is responsibly managed.	Yes	No
In the case of a Shooting Range, the firearms range certificate in respect of it is in force.	Yes	No

I grant the authorisation to the applicant for the use and storage of rifles, pistols and ammunition on:

The premises of the Shooting Range / Rifle / Pistol Club concerned,* or,

On a specified part of those premises, namely* _____

For the purposes of target shooting.

I do not grant the authorisation to the applicant;

The reasons for refusal are as follows; *(Tick ✓ as appropriate)* _____

Public Safety Security of Premises No Range Certificate Other _____

Date	Surname	Rank
Garda Reg. No.	First name	Station

The fee is paid by: Cheque Money Order Postal Order Cash

Signature _____ Date of Issue _____ Date of Expiry _____

Garda Síochána Stamp

(This is separate document to the Application form)

CHECKLIST FOR ISSUING GARDA OFFICER

The following is a list (not exhaustive) for consideration by the Garda Officer when deciding whether or not to grant an authorisation for a Shooting Range or a Rifle / Pistol Club

Proof of Identity	
In the case of a Rifle / Pistol Club:	
Details /Evidence of adequate minimum standards with reference to	
Security of premises	
Membership	
Management	
In the case of a Shooting Range:	
Firearms Range Certificate	
Details /Evidence of adequate minimum standards with reference to	
Security of range	
Membership	
Management	
Design, construction and maintenance	
Competence of users	