An Garda Síochána Firearms Certificate Amendment / Cancellation Form FCA2

Firearms Acts, 1925 – 2009 as amended

[For Substitutions use Form FCA1]



CAPITAL LETTERS TO BE USED THROUGHOUT

Select 1. (If any Personal or Firearm Details have to be amended on a Certificate)

Select 2. (If a Firearm Certificate has to be cancelled)

(Tick one box only)

1. Amendments to a Firearm Certificate 2. Cancellation of a Firearm Certificate Person PULSE ID **PULSE Application Number** Firearm Certificate No **Amendments to Firearm Certificate** 1. **Amend Personal Details** *From*: **Amend Personal Details** *To*: Surname: Surname: Firstname: Firstname: Middlename: Middlename: Date of Birth: Date of Birth: dd,mm,yyyy) (dd,mm,yyyy) Address: Address: County: Eircode: County: Eircode: Local Station: Local Station: Home Tel: Mobile Tel: Home Tel: Mobile Tel Email: Email Occupation: Occupation: Nationality: Nationality: **Amend Firearm Details To: Amend Firearm Details From:** Serial No: Serial No: Make: Make: Model: Model: Calibre: Calibre: Firearm Ammunition Capacity: Firearm Ammunition Capacity: Type: Type: Sub-Type: Sub-Type: **Amend Pistol/Rifle Club Details From: Amend Pistol/Rifle Club Details To: Authorised Pistol/Rifle Club Name Authorised Pistol/Rifle Club Name Authorised Pistol/Rifle Club Address Authorised Pistol/Rifle Club Address** Membership No.: Membership No.: Club Secretary's Name: Club Secretary's Name: Club Secretary's Name: Club Secretary's Name: **Reason for Amendment:** Signature of person requesting Amendment of Firearm Certificate:_

2. Cancellation of Firearm Certificate								
Certificate No:			Certificate Type:		Person Pulse ID:			
Firearm Certificate Holder D	etails:			Holder Address				
Surname:								
Firstname:								
Middle Name:				County:		Eircode:		
Date of Birth: (dd,mm,yyyy)				Local Station:				
Home Tel:				Mobile Tel:				
Email:								
Firearm Details								
Serial No:				Model:				
Calibre: Ammunition Ca			Capacity:		Type:			
Reason for Cancellation of the Firearm Certificate: (Tick appropriate boxes)								
Sold To New Holder:	New 1	New Holder Details:						
Transferred to Dealer:		Dealer PULSE I.D. No.						
		r Name:						
	Deale	r Address:						
Destroyed by Dealer:		r PULSE I.D. No) .					
		r Name: r Address:						
	Deale	r Address:						
Destroyed by other:	Provi	de Details:						
	110	110 rac Demin.						
Deactivated:	Provi	Provide Details:						
Exported Gun :	Provi	Provide Details:						
Emigrated:	Provi	Provide Details:						
L								
Deceased:	Provi	Provide Details as to where Firearm is now:						
Lost:	Seize	d:		Stolen:		Revoked:		
Other:	Speci	fy:						
	•							
Signature of person requesting Cancellation of Firearm Certificate:								
Date:								

For Official Use Only							
If the Firearm Status has changed due t	to an Incident, please supply the PULSE Incident Number						
Incident number relating to <i>Lost</i> :	Seized: Stolen:						
For completion by member red	ceiving the Form FCA2:						
Reg. No:	Surname:						
Rank:	First Name:	g g.					
		Station Stamp					
Station:	Signature:						
	intendent or Chief Superintendent (depending on wh	nether Firearm is restricted or not)					
This amendment relates to a: Non R	Restricted * Firearm Restricted * Firearm						
Decision of Superintendent * / Chief S	uperintendent* (delete as appropriate):						
I approve of the amendment I of	do not approve of the above amendment. Form FCA1 mus	t be completed					
	••						
Decision of Superintendent * / Chief St	uperintendent* (delete as appropriate):						
I approve of the cancellation for the Fin							
11							
Reg. No:	Surname:						
Rank:	First Name:						
Nank:	riist name:	District or Divisional					
		Officer Stamp					
Station:	Signature:	011101 Stanip					