

Department of Home Affairs

Firearms Licensing Consultative Committee

Application Form

You are asked to return the completed form to:

**Chief Executive's Office
Department of Home Affairs Headquarters
Tromode Road, Douglas, IM2 5PA**

or alternatively send your scanned signed copy via email to:
GeneralEnquiries.DHA@gov.im

Please fully complete all sections of this *form* and return to the above address, or alternatively scan a wet ink signed copy, together with an up to date *Curriculum Vitae* and a *statement* on why you feel you are eligible for this post.

Personal Details

Title (Mr/Mrs/Miss/Ms/Other... <i>specify</i>)	<input type="text"/>
Surname	<input type="text"/>
First Name(s)	<input type="text"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> Post Code
Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>
E-mail	<input type="text"/>

Certification Holder

Do you hold one of the following on the Isle of Man? - please indicate all that apply:

Please indicate approximate duration licence held for in months (m) or years (y)

Regulated Weapons Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Duration Held:	<input type="text"/>
Firearms Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Duration Held:	<input type="text"/>
Registered Firearms Dealer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Duration Held:	<input type="text"/>
Black Powder Licence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Duration Held:	<input type="text"/>

Do you hold any additional certification outside of the Isle of Man? - if Yes please provide details within the Other Information Section

References

Please provide the names and addresses of two persons from whom references may be obtained.

References will be taken up prior to interview if you are short listed, unless you indicate otherwise in the space provided.

Candidates should not give the names of serving civil servants for character references.

Referee names should not be given without the consent of the person concerned.

Reference One:

May we approach this referee prior review of applications?

Yes

No*

Name

Address

Telephone

Post Code

E-mail

Reference Two:

May we approach this referee prior to review of applications?

Yes

No*

Name

Address

Telephone

Post Code

E-mail

Other Information

If there is any other general information you would like to include about your past experience, personal qualities and skills, please do so here.

I declare that to the best of my knowledge the information contained in this form and my C.V. is true and accurate. I understand that if any details I have given are found to be false, or that I have withheld relevant information, my application may be disqualified or, if already in employment, my appointment terminated. I understand that personal details about me will be held electronically and manually for employment purposes, subject to the requirements of data protection legislation.

Signature

Date