

REQUEST FOR AUTHORIZATION TO PURCHASE FIREARMS (TO BE COMPLETED ON FRANKED PAPER, VALUE EURO 14,62)

HEADQUARTERS: _____

Full Name: _____

Place of Birth: _____ Date of Birth: _____

Home Address: _____

Telephone No: _____

REQUESTS

Permission for the acquisition of: _____ (number and type of firearm)
for the following reason: _____

In case of necessity, family unit is as follows:

Relationship	Full Name	Place of Birth	Date of Birth

I AM/AM NOT a conscientious objector (**must be completed by applicant**)

Attached:

- Medical Certificate issued by the local Health Department or by an authorized military doctor in accordance with Art. 35 T.U.L.P.S.
- Photocopy of military discharge, Firearms Training Certificate issued by an authorized recognized body or expired licence.
- Photocopy of valid identity card or other authorized document.

District: _____ Date: _____

Applicant's Signature:

_____ -