FIREARM LICENSING AUTHORITY

Request for Replacement of Defective Firearm

NAME LAST FIRST MIDDLE	BIRTHDATE DAY MONTH YEAR	TRN
ADDRESS	FIREARM MAKE	

LICENCE NO.	CALIBRE OF DEFECTIVE FIREARM	SERIAL NO. OF DEFECTIVE FIREARM	TYPE OF DEFECTIVE FIREARM PISTOL REVOLVER RIFLE SHOTGUN	LICENCE FEE CERTIFICATE NO.

ISSUE DIVISION OF DEFECTIVE FIREARM	ISSUE DATE OF DEFECTIVE FIREARM DAY MONTH YEAR	ISSUING OFFICER FOR DEFECTIVE FIREARM	LAST DATE RENEWED DAY MONTH YEAR

GIVE BRIEF REASON FOR REPLACEMENT (ALL ORIGINAL SUPPORTING DOCUMENTS MUST BE ATTACHED TO THIS FORM)	STORAGE LOCATION OF DEFECTIVE FIREARM

I attest to the truth of statements made and acknowledge acceptance that any statement given if found to be inaccurate or untrue as a result of further investigations may militate against the grant of this request

Holder's Signature_____ Date_____

I _____ of _____ hereby certify that

the above mentioned firearm with serial number _____ was examined by me on the _____ day of

the month of _____ in the year _____ and found to be DEFECTIVE . I therefore recommend that the firearm be **REPLACED**. I have attached the original copy of my detailed report.

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Armorer's Name_____ Armorer's Signature _____

I _____ acting on behalf of the Board of Directors of the Firearm Licensing Authority hereby **GRANT** permission for the REPLACEMENT of this DEFECTIVE FIREARM with a single firearm that is of the same CALIBRE and TYPE. THIS DECISION SHALL REMAIN VALID FOR 90 DAYS FROM THE DATE OF DECISION (BELOW SIGNED).

PLACE OFFICIAL SEAL HERE

Signature_____ Date of Decision_____

This Request for Replacement of Firearm should be returned to the Firearm Licensing Authority within FIVE (5) days of the date of purchase of the firearm, with the following information:

Make of Firearm_____ , Serial Number of Firearm _____ , Date of Purchase _____

Calibre of Firearm _____ , Type of Firearm _____ .

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Name of Vendor_____ Signature of Vendor _____