

Firearm Land Authority

Firearms Explosives Licensing Section
 Police Headquarters
 Cornwall Mount
 Dumfries
 DGI IPZ
 Tel: 0845 600 5701

Dumfries and Galloway Constabulary



AUTHORISATION

I authorise _____

To shoot on land known as (give full location / address) _____

_____ Postcode _____

Owner / Tenant / Manager of land should complete the following in full and score through any blank spaces / boxes to avoid unauthorised additions to this form

CALIBRE

CALIBRE	TYPE	VERMIN	FOX	DEER
		*Yes / No	*Yes / No	*Yes / No
		*Yes / No	*Yes / No	*Yes / No
		*Yes / No	*Yes / No	*Yes / No

The maximum calibre I consider safe / wish to have used on this land is as above / OR:

LAND DESCRIPTION

The land extends to some _____ *acres / hectares and is bounded:

On the west by *land / road / water / houses.

On the east by *land / road / water / houses.

On the north by *land / road / water / houses.

On the south by *land / road / water / houses.

There *are / are not public footpaths / rights of way crossing the land.

These *are / are not frequently used.

There are houses / villages _____ miles to the *north / south / east / west of the land.

The land is *forested / flat / hilly / undulating / rocky, with *few / many areas where a line of fire would present a safe backstop and little or no likelihood of ricochet.

There *are / are not other person authorised to shoot over these lands.

Authorisation *need not / must be confirmed verbally before entering onto the land to shoot.

Shooting must not take place in following places or directions: _____

This authority is valid *until the renewal of the certificate.

I confirm that the authorised person is a regular shooter / intends to shoot regularly over the above mentioned lands. My relationship with them is in the capacity of a *family member / friend / client / other (please specify) _____

SAFETY ASPECTS

I have been advised or am aware of the ranges and capabilities of the weapons and ammunition that I have authorised. I am not aware of any dangers in the use of the above weapons on the land shown, provided that care is taken to ensure that safe backstops are identified and that anyone using the neighbouring roads, land, rights of way etc. are not endangered or alarmed.

*LAND OWNER / TENANT / MANAGER

Name _____

Tel No _____

Address _____

Postcode _____

Signature _____

Date _____

*Delete as appropriate