

# Firearm / Shotgun Transfer

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

## Dumfries and Galloway Constabulary



Established 1948

IF YOU ACQUIRE OR DISPOSE OF A SHOTGUN OR FIREARM PLEASE COMPLETE THE APPROPRIATE COLUMN BELOW AND POST BY RECORDED DELIVERY WITHIN SEVEN DAYS TO THE ABOVE ADDRESS

### WARNING

It is your responsibility to inform the Chief Constable of this transaction. **Do not rely on the other party. It is an offence not to notify the sale or acquisition of a firearm or shotgun**

On (date) \_\_\_\_\_ I (full name) \_\_\_\_\_

of (address) \_\_\_\_\_

Certificate no. \_\_\_\_\_

### COMPLETE AS APPROPRIATE

**Note: Your certificate is only required on the disposal of a firearm, unless you are cancelling your certificate**

a) **Acquired a shotgun / firearm**  
**Sold / let on hire / lent**

b) **Disposed of a shotgun / firearm**  
**Sold / let on hire / lent**

Type / action \_\_\_\_\_

Type / action \_\_\_\_\_

Calibre / gauge \_\_\_\_\_

Calibre / gauge \_\_\_\_\_

Manufacturer \_\_\_\_\_

Manufacturer \_\_\_\_\_

Serial number \_\_\_\_\_

Serial number \_\_\_\_\_

#### FROM

#### TO

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

His / her

His / her

Certificate no. \_\_\_\_\_

Certificate no. \_\_\_\_\_

Who completed the appropriate table on my certificate

Who completed the appropriate table on my certificate

Signed \_\_\_\_\_

Signed \_\_\_\_\_

If you acquired the weapon sign above

If you disposed of the weapon sign above

#### Only complete if you wish to cancel your certificate(s)

I confirm that I no longer have any weapons / ammunition in my possession and now wish certificate no(s) \_\_\_\_\_ which are enclosed, to be cancelled.

Signed \_\_\_\_\_

Date \_\_\_\_\_