

FORM FOR RENEWAL OF ARMS LICENCE

1. Name of License

2. Father's Name

3. Present Residential Address (with telephone No.)

4. Nearest Police Station

5. Telephone: Office Residence

Cell: Fax:

E- mail ID: _____

6. License No. Date of Birth

7. Occupation

8. Purpose: Renewal Extension Period

9. Date of Issue Date of Expiry

10. Area Validity

11. Weapon Information	Cartridges				
	Type	Bore	Weapon No.	One time	Total in a Year
i) -----	-----	-----	-----	-----	-----
ii) -----	-----	-----	-----	-----	-----
iii) -----	-----	-----	-----	-----	-----

12. In case of any delay, reason thereof: _____

13. In case weapon not purchased, reason thereof: _____

14. In case the license deposited with Arms Dealer or at Police Station, reason thereof: _____

15. Whether presently involved in any criminal case, if yes details of the case: _____

16. Document attached as proof of residence :

Self attached photocopies of two residential proofs:

(Please tick the corresponding box for the attached / submitted document)

- | | | |
|--|---|---|
| i) <input type="checkbox"/> Electricity Bill | v) <input type="checkbox"/> Passport | ix) <input type="checkbox"/> Tax Return |
| ii) <input type="checkbox"/> Water Bill | vi) <input type="checkbox"/> Election Voter Id-Card | x) <input type="checkbox"/> PAN Card |
| iii) <input type="checkbox"/> Telephone Bill | vii) <input type="checkbox"/> Ration Card | xi) <input type="checkbox"/> Other |
| iv) <input type="checkbox"/> Driving license | viii) <input type="checkbox"/> Property /House Tax | |

It is certified that the above particulars are correct and incase of any wrong information, my license is liable to be suspended/cancelled. License is enclosed.

I hereby undertake that I will abide by the provisions of the wildlife (Protection) Act, 1972 and the protection of Cruelty of Animal Act, 1960 and further undertake to protect and improve the environment and sate guard forest forests and Wildlife, and to have due compassion for living creatures, I understand that any violation in this regard shall make me liable for action under the provisions of Arms Act, 1959 and Arms Rules, 1962.

APPLICATION FORM FOR REGISTRATION OF OUTSIDE LICENCE

1. License No. Valid Up to

2. Name of the License

3. Father's /Husband's Name

4. Present Address (with telephone No.)

5. Permanant address (with Police station & Telephone Nos.)

6. Address at the time of issue of the License

7. Since when residing in chennai: days. 8 Date of Birth

9. Occupation 10. Sex Male Female

11 Sanctioned by 12. Date of Issue

13. Area Validity 14. Last renewed by

15. Retainer's name (if any)

16. Due date of renewal:

17. Reasons in case renewal is not applied in time _____

18. weapon Information:

Type	Bore	Weapon No.	One time	Cartridges Total in a Year
i) -----	-----	-----	-----	-----
ii) -----	-----	-----	-----	-----
iii) -----	-----	-----	-----	-----

19. Restriction on sale, if any

20) Whether the Applicant has been:

a) Convicted, arrested or involved: Yes No
 If yes give the offence(s), the sentence and the Date of sentence at Col.21.

b) Ordered to execute a bond under Chapter VIII of Cr.PC for keeping the peace or for good behavior: Yes No
 If yes when and for what period give details at Col.21.

c) Prohibited under the Arms Act 1959, for all other law from Possessing arms and ammunition: Yes No
 If yes, give details at Col. 21

d) Whether the applicant applied for a license earlier in chennai
 If yes, when to whom and with what result. Give details at Col.21

e) Whether the applicant's License was ever:
 Suspended: Yes No
 Cancelled: Yes No
 Revoked: Yes No
 If yes, when and by whom and on what account, give details at Col.21

f) Whether the applicant is in possession of any other arms license
 Yes No
 If yes, give details at col. 21

Suppression of any factual information or furnishing of any wrong information in the application form Violation of Rule 51-A and will render the applicant liable for punishment under section 30 of the Arms Act, 1959

Note: Please attach proof of residence in chennai i.e. attested copies of Ration Cart/Voter Identity Card/ Passport along with 3 passport size photographs duly attested by a GO's on the backside. Also bring the weapon(s) along with for inspection. Defense Personnel will attach the posting certificate too.

FOR OFFICE USE ONLY

Counter No 1 : Document verification

Counter No 2 : Weapon inspection Weapon type bore & Number

Counter No 3 : Criminal Antecedents checking

Counter No 4:

(a) : Cashier

Receipt No. _____ Dt. _____ Rs. _____

(b): Computer Renewal

Renewed up to _____ Revalidated up to _____

P.P. Extended Up to _____

New License No. In case of address change/jurisdiction change _____

Other details worth mentioning _____

(c) : Endorsement on license

ACP / Arms

DECLARATION

I hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I am liable to be proceeded against and action, taken under the relevant provisions of Arms Act, 1959 the Arms Rules, 1962, and other central enactments or the law for the time being in force

Place: _____

Date

Signature / Thumb impression of the applicant

WARNING: Suppression of any factual information or furnishing of any false or wrong information in the Application from in violation of Rules 51-A will render the applicant liable for punishment Under Section 30 of the Arms Act, 1959

Attested by concerned Bank Authority with seal.

OFFICE USE ONLY

Diary No. _____

Diary Dt. _____

If approved we may **delete** /**add** the name of the above Retainer Guard.

Submitted for orders please.

I/C Bank

Insp.

ACP

DCP

Necessary entry has been made in the concerned bank arms license

Submitted for signature please

I/C Bank

ACP

**APPLICATION FOR EXTENSION OF AREA VALIDITY OF THE ARMS LICENCE
(FOR OFFICE USE ONLY)**

LICENCE NO. _____

Please Process.

WEAPON _____

VALIED UPTO _____ I/C AREA VALIDITY DCP/LICENSING

(Please see overleaf before filling-up this form)

1. Licence No	
2. Validity of license	
3. Name (In Capital Letter)	
4. Father's /Husband Name	
5. Local Address	

6. OCCUPATION:
(A) If in service Designation: -
& Other address
(B) If business/profession: -
Nature of business/profession
7. Detail(s) of the weapon(s): -
8. Whether Applies before for
The increase in the VALIDITY:-
If so particulars thereof
9. Area/states/territory within: -
Applicant wishes in carry Arm
License.
10. Reasons/Need for the extension: -
Of the area validity, enclose documents.

I DECLARE THAT ABOVE PARTICULARS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. A PHOTO COPY OF ARMS LICENCE RENEWED UPTO DATE IS ALSO ENCLOSED.

DATED

SIGNATURE OF THE APPLICANT

FORWARDING AUTHORITY

Application of license No Received for increasing of the area validity in respect of

Smt/Shri. Please bring this slip after 60 days along with your arm license.

Dated

COMMISSIONER OF POLICE,
Licensing: Chennai.

ENDORSMENT FORM OF NEW WEAPON PURCHASED

1	NAME OF THE LICENSE										
2	PRESENT ADDRESS										
3	CONCERNED POLICE STATION										
4	LICENSE NO.										
5	VALID UPTO										
6	PURCHASED PERIOD VALID UPTO										
7	WHETHER LICENSE VALID FOR ALL INDIA 1) IF NOT, TL/NOC OBTAINED										
8	DATE OF ORDER WHEN WEAPON ADDED/CONVERTED										
9	CONDITIONS IMPOSED FOR WEAPON ADDED/ CONVERTED										
10	DATE OF WEAPON PURCHASED										
11	WEAPON PURCHASED FROM: MENTION NAME & ADDRESS OF FIRM										
12	DETAILS OF WEAPONS TO BE ENDORSED:	<table style="width: 100%; border: none;"><tr><td style="text-align: center;"><u>TYPE</u></td><td style="text-align: center;"><u>BORE</u></td><td style="text-align: center;"><u>NO</u></td></tr><tr><td>1)</td><td></td><td></td></tr><tr><td>2)</td><td></td><td></td></tr></table>	<u>TYPE</u>	<u>BORE</u>	<u>NO</u>	1)			2)		
<u>TYPE</u>	<u>BORE</u>	<u>NO</u>									
1)											
2)											

DATED:

Signature of Licensee

Documents to be Enclosed:

- (a) Purchase Slip
- (b) TL/NOC (Photocopy)
- (c) Voucher/Invoice No.
- (d) Address Proof: (Any Two)

(FOR OFFICE USE ONLY)

1	<p style="text-align: center;"><u>Document Verification</u></p> <p>(a) Purchase Slip (b) TL/NOC (Photocopy) (c) Voucher/Invoice No. (d) Address Proof. (Any Two)</p>	
2	Weapon Verification	
3	Report of Computer Section about CRO & SCN	
4	Remarks of ACP/ Arms	

OFFICE OF THE COMMISSIONER OF POLICE, GREATER CHENNAI

No.

/COP/License/N/S/C

Dated

To,

Subject: - Renewal of Arms License No.

Sir/Madam,

Chennai Police Licensing Branch sends seasons greetings.

According to our record the validity of your Arms License expires on

As per Section 15 of the Arms Act, 1959 it is mandatory to get your license renewed either a Month in advance or up to one month from the date of its expiry. You are, therefore, requested to attend the office of COP/Licensing on any working day within the stipulated period (between 10 AM to 1.30 PM) along with the following: -

1. Renewal Form duly filled.
2. Original Arms License.
3. Proof regarding present residential address like copy of Electricity Bill, Water Bill, Telephone Bill, Driving Licence, Passport, Tax Return, Property/House Tax. (Bring any two documents).
4. Please bring weapon (s) for inspection

Looking forward to your visit and assuring prompt renewal of license.

Yours faithfully,

Commissioner of Police,
Greater Chennai.

Licensing : Chennai

PROFORMA FOR REVALIDATION ARMS LICENCE

1.	Name	
2.	Father's Name	
3.	Present Address	
4.	License No.	
5.	Date of issue	
6.	Valid up to	
7.	Area Validity	
8.	Reason for not applying Late For weapon	
9.	Reason for not purchasing The weapon	

Date: -

Signature of Licensee

FOR OFFICE USE ONLY

1.	Report of Computer Section about CRO & SCN	
2.	Remarks of ACP/Arms	
3.	Remarks of DCP/Lic	

APPLICATION FROM FOR PERMISSION TO SALE/TRANSFER/GIFT WEAPON

(To be submitted in the office of COP/Licensing, Chennai)

I _____ S/o Shri _____

R/o _____ holder

of Arms License No _____ Valid Up to _____ in to Sell/transfer/gift

My _____ due

The following reasons (Tick the appropriate number):-

- i) Defective (A Certificate from an authorized arms dealer mentioning the defect is enclosed)
- ii) Financial Problem.
- iii) Other reasons

1) To Shri _____
S/o Shri _____
R/o _____
Holder of Arms License No. _____ for
_____ Valid up to _____ and PP Up to _____
(Photocopy of license be enclosed).

2) To M/S _____

I here by declare that the above said weapon is not involve in any Case/litigation neither any show cause notice/criminal case me or the retainer (s) and there is no restriction on sale/transfer of said weapon/ I also undertake that in case of any loss that me on account of above said sale/transfer/gift of that weapon. I shall liable to be prosecuted under the law.

I, hereby, also declare that prior to that prior to this I have sold weapon (s) not any weapon.

This may be treated as 45 days notice prior to sale an under rule 5(2) (b) of Arms rule, 1962. My original license is

DATED: -

(SIGNATURE OF APPLICANT)

(For official use only)

45 DAYS SALE NOTICE FOR ARMS

With reference to your application dated _____ You are Permitted to sell weapon No. _____
_____ Make _____
_____ After the expiry of
45 days on _____ to Ms / Shri _____
_____ A/L No. _____
_____ You will produce your arms license in this office within 15 days after the sale of the weapon for deletion of the same.

Commissioner of Police,
Licensing, Chennai.

ELIGIBILITY FOR ALL INDIA OR SPECIFIED STATES

1. Group 'A' Officers & Commissioned officers of the Arms Forces may apply for ALL INDIA
2. Group 'B' Officers & JCOs of the Armed Forces may apply for specific in relation to a particular state (s) of Territories only.
3. In other cases, the area extension permission may apply only in respect of the native state or states or territories with connectivity
4. In the case of businessman the standing, the nature of business and the area of operation should be guiding factor. Normally the area validity should be applied to specified state(s)

Please attach the documentary proof of the following if you are a:-

- | | |
|-------------------|---|
| 1. FARMER | I. Attested copy of Land Revenue record/Registry
II. Attested copy of Khationi / Khasra |
| 2. BUSINESS | I. Area pf operational of the Business. He has to give details of the Branches and their address.
II. Attested photocopy of proof of financial transition in the form of Bank Draft or Cheque / Receipt etc. |
| 3.PRIVATE CO.EMP. | I. The address of the branches with documentary proof.
II. A certificate of the MD/Owner /GM of the company certifying the above In formation giver at column 11 above. |
| 4. GOVT. SERVANT | I. Nature of the Service i.e. whether All India etc.
II. Photo copy of the identity card and the certificate of the employee.
III. Certificate of the Head of Office/C.O.(in case of the Armed Forces) |

Any other relevant information: -

FOR OFFICE USE ONLY

1.	Criminal Antecedents Check	
2.	Previously applied for Addition/ Conversion	
3.	Remark of ACP	
4.	Order of DCP	

ADDITION/CONVERSION OF WEAPON

CHENNAI CITY POLICE

Addition Conversion

S.L. NO.	Particular											
1.	License No. Valid up to:	<hr/> <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
2.	Name											
3.	Address											
4.	Profession: (a) Business (Type of business) (b) Serving (Designation, Dept. & Full address)											
5.	Detail of Weapon in Possession											
6.	Type of Weapon Required											
7.	Reason for Addition/ Conversion											
8.	Whether Applied Earlier for Addition/ Conversion											
9.	Can you handle weapon or do you have any knowledge about weapon? (a) If Yes- where & when have handled/fired from a weapon (b) If no – would you get training in weapon handling if addition/ conversion is granted & submit the weapon-handling certificate.											

Date:

Signature of Licensee