



LICENSE TO OWN AND POSSESS FIREARMS APPLICATION FORM (INDIVIDUAL)



REMINDER: You may renew your LTOPF within six (6) months prior to its expiry date without any effect on the validity of the existing license.

TYPE OF LICENSE: TYPE 1 TYPE 2 TYPE 3 TYPE 4 TYPE 5
OTHER LICENSE/S: Sports Shooter Antique Firearm Collector Gun Collector

(To be filled out by Applicant completely and legibly)

DATE : / /

PERSONAL INFORMATION (Day/Month/Year)

LAST NAME:
FIRST NAME:
Middle Name:

E-Mail Address:

Place of Birth:

Date of Birth: / / **Gender:** M F
(Month/Day/Year)

Mobile No.: + 6 3

Primary Address:

Unit No./Bldg:
Street/Brgy:
City/Municipality:
Region: **Postal Code:**

Next of Kin:

Mobile No. + 6 3

Secondary Address:

Unit No./Bldg:
Street/Brgy:
City/Municipality:
Region: **Postal Code:**

(For other address kindly upload Proof of billing or Proof of Residency on the

Qualification: Businessman/woman Professional Private Employee PNP/AFP/Other LEAs
 Elected Official Gov't Official Gov't Employee Ret. PNP/AFP/Other LEAs
 Reserve AFP Ret. Gov't Official Ret. Gov't Employee Others _____

*CERTIFICATION AND UNDERTAKING

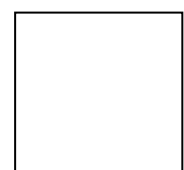
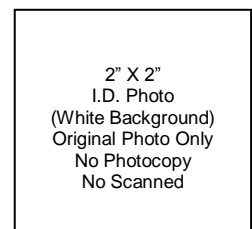
I hereby certify that, pursuant to the provisions of Republic Act 10591 and its RIRR, all statements provided herein are true and correct. Further, I certify that I have not been convicted of any crime involving moral turpitude, nor have I been convicted or am currently an accused in a pending criminal case for a crime that is punishable with a penalty of more than two (2) years. Any misdeclaration/falsity stated in this application shall be a basis for the cancellation of my license and the revocation of the registration/s of my firearm/s and its/their eventual confiscation without prejudice to the filing of criminal and/or civil case against me.

Signature above printed name

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20____ applicant exhibited to me his/her competent evidence of identity issued by _____, bearing ID No. _____ on _____ 20____.

Doc. No.: _____
 Page No.: _____
 Book No.: _____
 Series of 20 _____

NOTARY PUBLIC



RIGHT THUMBMARK
(Roll thumbprint from left to right)