

## 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 2 **TYPE 3** TYPE 4 TYPE 5 TYPE 1 **TYPE OF LICENSE: Gun Collector Sports Shooter Antique Firearm Collector OTHER LICENSE/S:** (To be filled out by Applicant completely and legibly) DATE: PERSONAL INFORMATION **LAST NAME: FIRST NAME:** Middle Name: **E-Mail Address:** Place of Birth: Date of Birth: Gender: 3 6 Mobile No.: **Primary Address:** Unit No./Bldg: Street/Brgy: City/Municipality: Region: Postal Code: **Next of Kin:** Mobile No. **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: Professional ☐ PNP/AFP/Other LEAs ☐ Businessman/woman ☐Private Employee 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 2" X 2" I.D. Photo that is punishable with a penalty of more than two (2) years. Any misdeclaration/falsity stated in this application (White Background) shall be a basis for the cancellation of my license and the revocation of the registration/s of my firearm/s and Original Photo Only its/their eventual confiscation without prejudice to the filing of criminal and/or civil case against me. No Photocopy No Scanned Signature above printed name \_\_ 20\_\_\_ applicant exhibited SUBSCRIBED AND SWORN to before me this \_ \_\_ day of \_\_\_ to me his/her competent evidence of identity issued by \_\_\_ \_, bearing ID No. \_ on \_ \_20\_\_ Doc. No.: Page No.: Book No.: Series of 20\_ **RIGHT THUMBMARK NOTARY PUBLIC** (Roll thumbprint from left to right)