

ARMS LICENCE

LIST OF DOCUMENTS TO BE SUBMITTED FOR GRANT OF FRESH ARMS LICENCE.

1. A1 FORM (APPLICATION FOR GRANT OF FRESH ARMS LICENCE).
2. S1 FORM (WEAPON TRAINING CERTIFICATED).
3. S2 FORM (UNDERTAKING FOR SAFE STORAGE OF FIREARMS).
4. S3 FORM (MEDICAL FITNESS CERTIFICATES).
5. ORIGINAL AFFIDAVIT.
6. CHALLAN UNDER FOR RS.500.00 + 2500 FOR EACH WEAPON (MAJOR HEAD-0055, SUB-MAJOR HEAD 00), (MINOR HEAD 800), (SUB-HEAD 09).
7. COPY OF ADDRESS PROOF (AADHAR CARD).

LIST OF DOCUMENTS TO BE SUBMITTED FOR GRANT OF FRESH ARMS LICENCE (FOR COMPANIES).

1. A2 FORM (APPLICATION FOR GRANT OF FRESH ARMS LICENCE).
2. S1 FORM (WEAPON TRAINING CERTIFICATED).
3. S2 FORM (UNDERTAKING FOR SAFE STORAGE OF FIREARMS).
4. S3 FORM (MEDICAL FITNESS CERTIFICATES).
5. B3 FORM (APPLICATION FOR ADDITION OF RETAINER)
6. ORIGINAL AFFIDAVIT.
7. CHALLAN UNDER FOR RS.500.00 + 2500 FOR EACH WEAPON (MAJOR HEAD-0055, SUB-MAJOR HEAD 00), (MINOR HEAD 800), (SUB-HEAD 09).
8. COPY OF ADDRESS PROOF (AADHAR CARD).

LIST OF DOCUMENTS TO BE SUBMITTED FOR RENEWAL ARMS LICENCE.

1. A3 FORM (APPLICATION FOR RENEWAL OF ARMS LICENCE).
2. S2 FORM (UNDERTAKING FOR SAFE STORAGE OF FIREARMS).
3. S3 FORM (MEDICAL FITNESS CERTIFICATES).
4. ORIGINAL AFFIDAVIT.
5. CHALLAN UNDER FOR RS.500.00 + 2500 FOR EACH WEAPON (MAJOR HEAD-0055, SUB-MAJOR HEAD 00), (MINOR HEAD 800), (SUB-HEAD 09).
6. COPY OF ADDRESS PROOF (AADHAR CARD).
7. ORIGINAL ARMS LICENCE BOOK.

LIST OF DOCUMENTS TO BE SUBMITTED FOR REGISTRATION OF ARMS LICENCE WITH OUTSIDE LICENSING AUTHORITY.

1. B1 FORM (APPLICATION FOR REGISTRATION OF ARMS LICENCE WITH OUTSIDE LICENSING AUTHORITY).
2. S2 FORM (UNDERTAKING FOR SAFE STORAGE OF FIREARMS).
3. S3 FORM (MEDICAL FITNESS CERTIFICATES).
4. ORIGINAL AFFIDAVIT.
5. COPY OF ADDRESS PROOF (AADHAR CARD).
6. ORIGINAL ARMS LICENCE BOOK.
7. CHALLAN UNDER FOR RS.500.00 (MAJOR HEAD-0055, SUB-MAJOR HEAD 00), (MINOR HEAD 800), (SUB-HEAD 09).

LIST OF DOCUMENTS TO BE SUBMITTED FOR ADDITION DELETION OF RETAINER.

1. B3 FORM (APPLICATION FOR ADDITION OF RETAINER)
2. S3 FORM (MEDICAL FITNESS CERTIFICATES).
3. COPY OF ADDRESS PROOF (AADHAR CARD).
4. ORIGINAL ARMS LICENCE BOOK.
5. CHALLAN UNDER FOR RS.500.00 (MAJOR HEAD-0055, SUB-MAJOR HEAD 00), (MINOR HEAD 800), (SUB-HEAD 09).

Form S-2

Standard format of undertaking for safe storage of firearms

[See rule 10(4)]

To

The Licensing Authority,

_____,'

_____,'

Undertaking

This is to solely affirm and declare that

1. I have applied for grant of a new arms licence/renewal of arms licence (bearing number _____ and my UIN is _____).
2. I undertake to practice safe storage of the firearm (in knocked down condition) when I am not carrying the firearm(s) with me.
3. I undertake to educate the children about the dangers of interacting with arms and ammunition.
4. I have the capacity to store the firearm safely and securely in a safe or steel almirah in order to minimize the risk that it could be stolen or accessed by someone else.

It is hereby solely affirmed that the declaration made above is true to the best of my knowledge and belief and if at any subsequent date, if any of the said declarations is found false or incorrect, I shall be liable for the same including cancellation or revocation of my licence and subject to penal provisions under the Arms Act, 1959.

Place: Hyderabad.

Date: .07.2022.

(Signatures of the Applicant/Licensee)

Form S-3

Standard format of medical certificate

[See clause (g) of sub-rule (4) of rule 11]
(On the letter head of the medical practitioner)

This is to certify that I have carefully examined the person whose particulars are furnished below:

1	Name of the person examined	
2	Father's Name/Spouse Name	
3	Residential address	
4	Age and date of birth	
5	Height	
6	Weight (in Kgs)	
7	Blood pressure (please specify)	
8	Deformity, if any (particularly in upper limbs)	
9	Any other observation	

On the basis of examination, it is certified that the person examined as mentioned in column 1 above:

1. is in good physical health and is free from any physical deformity;
2. has been found to be of stable mental condition and is not inclined to violence;
3. has been found not dependent on any substance which has an intoxicating or narcotic effect.

Signature of the person examined named in column (1) _____

Signature of the medical practitioner _____

Registration Number _____

SEAL