



INDIVIDUAL APPLICATION FOR LICENSE TO OWN AND POSSESS FIREARMS



(To be filled out by FEO Personnel only)

LICENSE CONTROL No.: - - -

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

Last Name: B A L U Y O T

First Name: J O S E F E L I Z A R D O

Middle Name: D O M I N G O Qualifier:

E-Mail Address: j o e y b a l u y o t @ y a h o o . c o m

Place of Birth: M a n i l a

Date of Birth: / / Gender: M X F

Mobile No.: + 6 3 9 4 5 1 7 4 3 2 6 6 TIN: - -

Primary Address: Telephone No.: ()

Unit No./Bldg:

Street/Brgy:

City/Municipality:

Region: Postal Code:

Next of Kin: Last Name

First Name

Middle Name

Mobile No.: + 6 3 Telephone No.: ()

Qualification: Businessman 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, 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

2" X 2"
I.D. Photo
(White Background)
Original Photo Only
No Photocopy
No Scanned

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 _____

RIGHT THUMBMARK
(Roll thumbprint from left to right)

NOTARY PUBLIC