



FIREARM REGISTRATION APPLICATION FORM

(Renewal)



REGISTRATION VALIDITY :    ☐ 5 YEARS        ☐ 10 YEARS

All fields in the application form must be filled out.

DATE: 

MonthDayYear

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PERSONAL INFORMATION

Last Name :

First Name/s :

Middle Name :  Qualifier:

Citizenship :

E-Mail Address : 

(Used in the online FEO Account)

Date of Birth : 

MonthDayYear

 Gender : 

M

F

Mobile Number :  Tin :  -  -

Landline Number : 

Area Code

Firearm Residence (Should be the same as in the online account)

Unit No./Bldg :

Street/Brgy :

City/Municipality :

Province :

Region :  Postal Code

Firearm Information

KIND	MAKE	MODEL	CALIBER	SERIAL NUMBER

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. Above indicated firearms are for my personal use. Any misdeclaration/fraud stated in this application and the attached documentary requirements 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 charges against me.

DATA PRIVACY NOTICE

By submitting this application, you consent to the collection, storage, and processing of your personal data for evaluation purposes only. Your data will be kept confidential and secure, in accordance with our Data Privacy Policy.

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