

OTHER LICENSE/S: ☐ Sports Shooter ☐ Antique Firearm Collector ☐ Gun Collector

DATE:

Month		Day		Year				
		/		/				

Last Name	:	<input type="text"/>																											
First Name/s	:	<input type="text"/>																											
Middle Name	:	<input type="text"/>																		Qualifier:	<input type="text"/>								
Citizenship	:	<input type="text"/>																											
E-Mail Address	:	<input type="text"/>																											
(Used in the online FEO Account)																													
Date of Birth	:	<div>Month</div> <input type="text"/> <input type="text"/>		<div>Day</div> <input type="text"/> <input type="text"/>		<div>Year</div> <input type="text"/> <input type="text"/>																							
				/				/																					
Gender	:	<div>M</div> <input type="text"/>				<div>F</div> <input type="text"/>																							
Mobile Number	:	<input type="text"/>																											
Tin	:	<input type="text"/>				-		<input type="text"/>				-		<input type="text"/>															
Landline Number	:	<div>Area Code</div> <input type="text"/> <input type="text"/>		<input type="text"/>																									

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Qualifications

☐ Businessman ☐ Professional ☐ Private Employee ☐ Gov't. Employee ☐ PNP/AFP/Other LEAs

☐ Elected Official ☐ Gov't. Official ☐ Ret. Gov't. Employee ☐ Reserved AFP ☐ Ret. PNP/AFP/Other LEAs

☐ Others: _____ ☐ **Senior Citizen**

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.

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.

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

RIGHT THUMBMARK
(Roll thumbprint from left to right)

2" X 2" I.D. Photo
In White Background
(No Eyeglasses; No Headgear)
(Original photo on photo paper; No Photocopy;
No Scanned photo)