



INFORMATION SHEET

Request a Public Agency Identification Number or Report Changes to the Registrar of Firearms

BEFORE YOU START...

USE THIS FORM IF you are a public service agency requesting a Public Agency Identification Number or reporting changes to agency information to the Registrar of Firearms.

COMPLETE A SEPARATE FORM for each Public Agency Identification Number you require.

REPORT CHANGES TO AGENCY NAME AND ADDRESS INFORMATION within 30 days after the change has taken place. You must use a separate form for each Public Agency Identification Number assigned to your agency that is affected by the change.

A "PUBLIC SERVICE AGENCY" IS a police force, a department or agency of the public service of Canada or of a province or municipality, a police academy or other public agency that employs or has under its authority public agents.

A "UNIT" MEANS any part of a public service agency.

IF YOU NEED HELP COMPLETING THIS APPLICATION FORM or require another form, call 1 800 731-4000. Additional information and some application forms are also available on our Web site at www.cfc-cafc.gc.ca.

Mail your completed application form and all attachment(s) to:

**Central Processing Site
P.O. Box 1200
Miramichi, N.B. E1N 5Z3**

The following information explains certain parts of the form and will help you answer some of the questions. You should read the instructions as you fill in your form. If you are still unsure about a question, call 1 800 731-4000 for assistance.

A - TYPE OF REQUEST

REQUESTING A PUBLIC AGENCY IDENTIFICATION NUMBER

Box 1

Every public service agency that possesses or handles agency or protected firearms is required to report those firearms to the Registrar. To do so public service agencies require a Public Agency Identification Number. If you require a Public Agency Identification Number put an "X" in Box 1 a).

Complete Sections B, C, and D.

REPORTING A CHANGE

Box 1

Changes to agency name and/or address information must be reported to the Registrar of Firearms within 30 days after the change has taken place. Complete a separate form for each Public Agency Identification Number assigned to your agency that is affected by the change. To report changes to agency name and/or address information put an "X" in Box 1 b) and provide the Public Agency Identification Number in Box 1 c). Complete Section B of the form where applicable.

To report changes to other agency information or agency representative information complete Section C and D of the form where applicable.

B - PUBLIC SERVICE AGENCY INFORMATION

Box 2

Provide the public service agency name in Box 2 a). If you are requesting a Public Agency Identification Number for a particular unit within the public service agency, provide the unit name in Box 2 b). A "unit" means any part of a public service agency.



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D - PUBLIC SERVICE AGENCY REPRESENTATIVE INFORMATION AND DECLARATION

Box 9

Print the name, position title, office telephone number and email address (if applicable) of the public service representative who has the authority to answer questions about the information provided on this form. Sign and date the request.

CHECKLIST

Before mailing your application, have you...

- answered all relevant questions?
- signed and dated the form?





For Administrative Use

REQUEST A PUBLIC AGENCY IDENTIFICATION NUMBER OR REPORT CHANGES TO THE REGISTRAR OF FIREARMS

ATTENTION:

Read the Information Sheet for explanations. Use an "X" to indicate your answers (where required). Print clearly in blue or black ink.

I would like to receive all information in:

English French

A TYPE OF REQUEST

1. Type of request / report

a) Request for a Public Agency Identification Number c) Public Agency Identification number

b) Report changes, indicate Public Agency Identification Number →

B PUBLIC SERVICE AGENCY INFORMATION

2. a) Name of public service agency		b) Unit (if applicable)	
PUBLIC SERVICE AGENCY ADDRESS			
3. a) Street / Land location			b) Suite / Unit
c) City	d) Province / Territory		e) Postal code
f) Telephone number () -	Extension	g) Fax number (if applicable) () -	h) E-Mail address (if applicable)
PUBLIC SERVICE AGENCY MAILING ADDRESS <input type="checkbox"/> Same as above			
4. a) Street / Rural route / PO Box number			b) Suite / Unit
c) City	d) Province / Territory		e) Postal code



C TYPE OF AGENCY

5. Type of agency (check one only)

Federal government department or agency Provincial or territorial government department or agency Municipal or other local government

Police force Other, please specify

6. Describe duties of people handling the firearms

7. Are the individuals handling the firearms employees of the agency ?

Yes No (If no, please explain below the relationship to the agency)

8. Relationship to the agency of the individuals handling firearms

D PUBLIC SERVICE AGENCY REPRESENTATIVE INFORMATION AND DECLARATION (see Information Sheet)

9. a) Last name		b) First name		c) Middle name	
d) Position title		e) Telephone number () -	Extension	f) E-Mail address (if applicable)	

g) I declare that the information provided on this form is true and correct to the best of my knowledge.

Representative's signature Date (Y / M / D)

