

# APPLICATION FOR GRANT OF ARMS LICENSE

Home Tribal Affairs Department Government of Khyber Pakhtunkhwa



Applicant recent photo  
Do not use Pin or staple  
1" x 1"

<b>1</b>	Type of Weapon applied for	<input type="checkbox"/> Pistol	<input type="checkbox"/> Revolver	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Rifle
<b>2</b>	Reason For Need Of Arms License	<input type="checkbox"/> Sports	<input type="checkbox"/> Protection	<input type="checkbox"/> Display	<input type="checkbox"/> Other <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
<b>3</b>	Application Type	<input type="checkbox"/> New	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Renewal	<input type="checkbox"/> Grats
		<input type="checkbox"/> Transfer/Inheritance	<input type="checkbox"/> Re-validation of Manual License/Conversion		

**4** Applicant's First Name

**5** Applicant's Last Name

**6** Applicant's Name to be on the Arms License

**7** Applicant's CNIC  **8** Date of Birth (DDMMYYYY)  **9** Gender  Male  Female

**10** Father's Name

**11** Current Mailing Address

City / Village	District	Tehsil	Postal / Zip Code

**12** Police Station  **13** District

**14** Permanent Address

City / Village	District	Tehsil	Postal / Zip Code

**15** Police Station  **16** District

**17** Profession / Occupation

**18** Do You Claim Exemption From The Payment Of License Fee?  Yes  No (If yes give reasons)

**19** Weapon Caliber/Bore  **20** Cartridges  **21** Weapon No

**22** Do you already possess a weapon?  Yes  No (if yes, please attach copies of all license / Information of the weapons with this form)

**23** Old License No.  **24** OLD Approval Reference

*( Please attach copies of all license / Information of the weapons with this form)* **25** Date of Issuance of Old License  **26** Date of Expiry of Old License  **27** Old Booklet No./Card No.

**28** Last Renewal Date of Old License  **29** Validity Date of Old License  **30** DCO/ DC/ Political Agent Information

Registration No.

Branch

Date

**31** Weapon Retainer's Information *(Please fill Blue Caption incase of Renewal/Conversion/Re-validation)*

Retainer's First Name

**32** Retainer's Last Name

**33** Retainer's CNIC  **34** Date of Birth (DDMMYYYY)  **35** Gender  Male  Female

**36** Retainer's Father Name

**37** Permanent Address

City / Village	District	Tehsil

**38** I hereby declare that the above statements are true to the best of my knowledge and belief and that furnishing false information will result in summary rejection of my application

**39** Applicant's Signature

**40** Applicant's Left Thumb

Retainer's recent photo paste here  
Do not use Pin or staple  
1" x 1"

**41** Official Use (Comments)

Approved  Not Approved  
Official Seal & Signature

# فارم پُر کرنے کے ہدایات

## INSTRUCTIONS:

- ◇ All columns should be filled in English using capital letters only.
- ◇ Thumb Impression and signature should not exceed out of rectangle allocated for it.
- ◇ If space provided for certain field is not enough than write below the allocated space.
- ◇ Paste one photograph of applicant on the form and attach one with application form.
- ◇ If weapon retainer is different form the applicant then paste one photograph of retainer on the form.
- ◇ All photographs should have blue background and clearly written name and CNIC number of the applicant on back side of photograph.
- ◇ Name of Applicant to be printed on the card should not exceed from 25 characters including space
- ◇ Applicant's Father Name should not exceed from 27 characters including space
- ◇ Columns No.6,7,10,11,19,20,21 are mandatory
- ◇ Columns No.23to30 are mandatory for Renewal/Conversion application.
- ◇ Fill the form with black ink.

## ہدایات:

- ☆ تمام کالم صرف انگریزی کے بڑے حروف سے پر کریں۔
- ☆ انگوٹھے کا نشان اور دستخط دیئے گئے حاشیے سے باہر نہ جائے۔
- ☆ ایک تصویر فارم پر چسپاں کریں اور دوسری ساتھ لگائیں۔
- ☆ اگر درخواست دہندہ خود Retainer نہیں ہے تو Retainer کی ایک تصویر فارم پر چسپاں کریں۔
- ☆ تمام تصاویر نیلے بیک گراؤنڈ کے ساتھ ہونی چاہئیں اور تصویر کی پشت پر نام اور CNIC نمبر واضح درج کریں۔
- ☆ درخواست دہندہ کا نام جو کہ کارڈ پر پرنٹ ہوگا 25 حروف سے زیادہ نہ ہو۔
- ☆ درخواست دہندہ کے والد کا نام 27 حروف سے زیادہ نہ ہو۔
- ☆ کالم نمبر 6,7,10,11,19,20,21 لازمی پر کریں۔
- ☆ Renewal/Conversion کرانے والوں کے لیے کالم نمبر 23 تا 30 پر کرنا لازمی ہے۔
- ☆ فارم کو کالی سیاہی سے پُر کریں

Please make sure to attach following documents with the form/s otherwise application will not be entertained.

IN CASE OF NEW LICENSE		
<input type="checkbox"/>	1	Copy of CNIC
<input type="checkbox"/>	2	Two recent passport size photographs
<input type="checkbox"/>	3	Certificate of Profession / Service

DUPLICATE		
<input type="checkbox"/>	1	Application
<input type="checkbox"/>	2	Copy of FIR
<input type="checkbox"/>	3	Affidavit
<input type="checkbox"/>	4	Copy of CNIC
<input type="checkbox"/>	5	DCO / DC /PA Report

TRANSFER / INHERITANCE		
<input type="checkbox"/>	1	Application
<input type="checkbox"/>	2	Death Certificate
<input type="checkbox"/>	3	Affidavit form all legal heir with copies of CNIC
<input type="checkbox"/>	4	Bank Certificate
<input type="checkbox"/>	5	DCO / DC /PA Report

Renewal /Re-validation/Conversion		
<input type="checkbox"/>	1	Application
<input type="checkbox"/>	2	Copy of License issued by MOI
<input type="checkbox"/>	3	Copy of CNIC

**Note:** - Arms License Section has the right to reject the attached documents if not found upto the required standard's.