



## INFORMATION SHEET

### Application for an Authorization to Carry Restricted Firearms and Prohibited Handguns

#### **BEFORE YOU START...**

**USE THIS FORM** to apply for an Authorization to Carry (ATC) restricted or prohibited handguns, if you are an individual, or a business applying on behalf of an employee. If you already hold a valid Authorization to Carry in one province or territory, use this form to apply for an additional ATC in one or more additional provinces or territories.

**INDIVIDUALS APPLYING (OR BUSINESSES APPLYING ON BEHALF OF AN EMPLOYEE)** for an authorization to carry a restricted firearm or a prohibited handgun for more than one purpose must fill out a separate application form for each purpose.

**BUSINESSES APPLYING ON BEHALF OF ONE OR MORE EMPLOYEES** must complete a separate application form for each employee.

**EMPLOYEES** must sign and date the application.

**IF YOU HAVE RECENTLY MOVED OR WILL BE MOVING IN THE NEAR FUTURE, PLEASE ENSURE THAT WE HAVE YOUR CORRECT RESIDENCE AND MAILING ADDRESS.**

**IF YOU NEED ADDITIONAL SPACE**, list all information requested on a separate sheet of paper, add your name and licence number to the top of each sheet and attach the sheet to your application.

**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](http://www.cfc-cafc.gc.ca).

Mail your completed application form, all attachments and enclosed payment, if you are paying by cheque or money order, to the Chief Firearms Officer of your province or territory. For the mailing address of your Chief Firearms Officer, please call 1 800 731-4000 or visit our Web site at [www.cfc-cafc.gc.ca](http://www.cfc-cafc.gc.ca).

**PLEASE REMEMBER...**

Whenever you handle firearms, follow all safety precautions.

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 APPLICATION**

##### **Box 1**

- If you are applying for an "initial" Authorization to Carry (ATC), put an "X" in Box 1 a).
- If you have an ATC in one or more provinces and territories and are applying for an ATC in another province or territory, for the same purpose, put an "X" in Box 1 b) and print your ATC number(s) in Box 1 d).
- If you are applying to renew your current ATC, put an "X" in Box 1 c) and print your ATC number in Box 1 d).

#### **B - PERSONAL INFORMATION**

##### **Boxes 2 and 3**

Please print, in Box 2, the firearms licence number of the person who needs the Authorization to Carry. Print the persons last, first and middle name in Box 3.

#### **C - EMPLOYER INFORMATION**

##### **Boxes 4, 5 and 6**

- If the application is not work-related, leave section C - Employer Information blank.
- If you are the applicant applying for an Authorization to Carry to do your job, indicate your employer's business firearms licence number and the name of the business in Boxes 4 and 5. You do not need to complete Boxes 6 a) to f).
- If you are an employer applying on behalf of an employee, indicate your business firearms licence number and the name of your business, and provide the business representative information requested in Boxes 6 a) to f).

## **D - CIRCUMSTANCES - ARMOURED CAR INDUSTRY APPLICANTS**

### **Box 7**

Complete this section ONLY if you work in the armoured car industry.

Put an "X" in Box 7 a) if you work in the armoured car industry and you are applying because the principal activity of your job is the handling, transportation or protection of cash, negotiable instruments or other goods of substantial value, and firearms are required for the purpose of protecting your life or the lives of other individuals in the course of that activity. You must attach proof that you have passed the training for firearms proficiency and use of force that is appropriate for using the firearm in the activity described above. Put an "X" in Box 7 b) to show that you have attached a copy of this document. DO NOT complete Section E - Circumstances - Other Applicants and Section F - Firearm Information, as you are not required to list the firearms you are applying to carry.

## **E - CIRCUMSTANCES – OTHER APPLICANTS**

Part E applies to those applicants who require an ATC for reasons other than employment in the armoured car industry.

**Box 8 a)** refers to a job that requires you to be in a wilderness area (for example, a scientist working in a remote northern area) and you need a firearm to protect yourself or others from wild animals. In Box 8 b), describe the geographic location in which you need to carry the firearm(s).

**Box 8 c)** is for professional trappers. You must include a copy of your trapping licence or authority and proof that you have taken the training your province or territory requires to receive such a licence or authority. Put an "X" in Boxes 8 d) and e) to show that you have attached copies of these documents.

## **F - FIREARM INFORMATION - OTHER APPLICANTS**

### **Boxes 9 a), b) and c)**

You MUST complete this section if you have checked either Box 8 a) or 8 c). If you work in the armoured car industry, you are not required to complete this section.

- List all the restricted firearms and prohibited handguns that you will be carrying (for example, if you work for a company that has several firearms, you must list all those that you could carry in your work). NOTE: The firearms you list must all be used for the same purpose. If you need to carry a restricted firearm or prohibited handgun for more than one purpose, you MUST complete a separate application form for each purpose.
- If you require more space to list firearms, list the additional information for Boxes 9 a), b) and c) on a separate sheet of paper, add your name and licence number to the top of each sheet and attach the sheet to your application form.

- If the firearm does not belong to you, print the licence number of the individual or business that owns it in Box 9 c). If you are the owner of the firearm, leave Box 9 c) blank.

## **G - REQUESTED PERIOD AND LOCATION**

### **Box 10**

Print the dates for which you require the Authorization to Carry, for example, from 2003/08/21 to 2005/08/20. The maximum period you may indicate is two years.

### **Box 11**

You must have a separate Authorization to Carry for each province or territory in which you are applying to carry a firearm. Put an "X" in the box next to the name of each province or territory for which you are applying to carry the firearm(s) you have listed.

## **H - FEES**

### **Boxes 12 and 13**

The fee for an Authorization to Carry (ATC) a restricted firearm or prohibited handgun depends on the amount of time and the reason for which you need the authorization.

For lawful profession or occupation.

- If one year or less **\$40**
- If more than one year **\$80**

**The fee is non-refundable.**

The same fee applies whether the application is for one or more provinces or territories. If you already have an ATC that was issued for a period of 1 year or less and you are applying for another authorization to carry, you are not required to pay a fee IF YOU APPLY within the 12 months following issuance of your initial ATC.

Indicate the method of payment. Do not send cash. Make your cheque or money order payable to the Receiver General for Canada.

Please note: If paying by personal cheque, please allow a minimum of ten (10) business days for bank clearance.

Administrative fees and interest will be applied to all dishonoured payments.

## **I - APPLICANT DECLARATION**

If you are a business applying on behalf of an employee, the employee MUST sign and date the application.

## **CHECKLIST**

### **Before you mail your application, have you:**

- answered all the questions?
- attached the required proficiency or compliance documents (Boxes 7 b), 8 d) and e)) (if applicable)?
- attached a separate sheet of paper with additional firearm information (if necessary)?
- enclosed the appropriate fee (if applicable)?
- signed and dated the declaration?



For Administrative Use

## APPLICATION FOR AN AUTHORIZATION TO CARRY RESTRICTED FIREARMS AND PROHIBITED HANDGUNS

**ATTENTION:**

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

**A TYPE OF APPLICATION**

<b>1. TYPE OF APPLICATION</b> (check only one) <input type="checkbox"/> a) New <input type="checkbox"/> b) Additional ATC for another province or territory      ▶ <input type="checkbox"/> c) Renewal      ▶	<b>d) Current Authorization to Carry number(s)</b>  
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**B PERSONAL INFORMATION**

<b>2.</b> Firearms licence number	<b>3. a)</b> Last name	<b>b)</b> First name	<b>c)</b> Middle name
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**C EMPLOYER INFORMATION (if applicable) (see Information Sheet)**

<b>4.</b> Employer's Business Firearms Licence Number	<b>5.</b> Name of business		
<b>Business representative information (if form completed by employer) (see Information Sheet)</b>			
<b>6. a)</b> Last name of business representative	<b>b)</b> First name	<b>c)</b> Middle name	<b>d)</b> Position title
<b>e)</b> Telephone number (    )    -	Extension	<b>f)</b> Signature of business representative	

**D CIRCUMSTANCES - ARMOURED CAR INDUSTRY APPLICANTS**

<b>7. Circumstances for requesting authorization to carry</b>	
<input type="checkbox"/> a) Applicant's principal activity is the handling, transportation or protection of cash, negotiable instruments or other goods of substantial value, and firearms are required for the purpose of protecting his or her life or the lives of other individuals in the course of that handling, transportation or protection activity.	<input type="checkbox"/> b) Copy of proof of training in firearms proficiency and use of force that is appropriate for using the firearm in the activity described in 7 a).

**E CIRCUMSTANCES - OTHER APPLICANTS (See Information Sheet)**

<b>8. Circumstances for requesting authorization to carry (check one only)</b>	
<input type="checkbox"/> a) Applicant works in a remote wilderness area and firearms are required for the protection of his or her life or the lives of other individuals from wild animals. Specify geographic location.	<input type="checkbox"/> b) Geographic location <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
<input type="checkbox"/> c) Applicant is engaged in the occupation of trapping in a province or territory and is licensed or authorized and trained as required by the laws of that province or territory.	<input type="checkbox"/> d) Copy of licence or authority to trap attached <input type="checkbox"/> e) Copy of proof of training attached

**F FIREARM INFORMATION - OTHER APPLICANTS (see Information Sheet)**

Complete sections 9 a) through c) for each firearm that you will be carrying.

	9. a) Firearm Registration Certificate Number	b) Firearm Identification Number	c) Firearms licence number of owner, if the firearm belongs to someone else
1			
2			
3			
4			
5			

Check this box if you have attached an additional page(s) listing firearms.

**G REQUESTED PERIOD AND LOCATION (see Information Sheet)**

10. Period requested (Y/M/D) (maximum 2 years)

From: \_\_\_\_\_ To: \_\_\_\_\_

11. I require ATC(s) for the following provinces or territories (check all that apply)

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Alberta                   | <input type="checkbox"/> British Columbia      | <input type="checkbox"/> Manitoba    | <input type="checkbox"/> New Brunswick |
| <input type="checkbox"/> Newfoundland and Labrador | <input type="checkbox"/> Northwest Territories | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Nunavut       |
| <input type="checkbox"/> Ontario                   | <input type="checkbox"/> Prince Edward Island  | <input type="checkbox"/> Quebec      | <input type="checkbox"/> Saskatchewan  |
| <input type="checkbox"/> Yukon                     |  |                                      |  |

**H FEES**

12. Fee enclosed <b>\$ .00</b>	13. Indicate method of payment. <b>Do not send cash.</b> Make cheque or money order payable to <b>Receiver General for Canada.</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Certified cheque <input type="checkbox"/> Money order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
If paying by credit card, complete this section. ▶	14. Credit card number _____ - _____ - _____	15. Expiry date ____ / ____	16. Name appearing on credit card _____

I authorize the Canada Firearms Centre to charge to my credit card the amount shown in Box 12.

\_\_\_\_\_  
 Cardholder's signature

\_\_\_\_\_  
 Date (Y / M / D)

**I APPLICANT DECLARATION (see Information Sheet)**

It is an offence under section 106 of the *Firearms Act* to knowingly make a false or misleading statement, either orally or in writing, or to knowingly fail to disclose relevant information, for the purpose of obtaining an authorization.

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

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date (Y / M / D)