



Information Sheet: Application for a Firearms Licence for Businesses (Including Museums)

Ce formulaire est disponible en français.

Before you Start...

The fee to apply for a Firearms Licence for Businesses will be changing annually. Please refer to the Section Business Activities (Instructions and Fees) for the applicable fee associated with your business licence application.

Use this form if you are a business or a museum, to apply for a firearms business licence under the *Firearms Act* to possess or acquire firearms, ammunition, restricted weapons, prohibited weapons, prohibited ammunition or prohibited devices. You may also use this form to change your business activities.

If you are applying to change your business activities, see Section A - Application Type, of this Information Sheet.

You should know

- Persons in a prescribed relationship to your business or museum are not required to hold a firearms licence but they are required to pass the eligibility checks. (For further information on persons in prescribed relationships, see the information under Schedule 1 of this information sheet).
- If your business is authorized to possess firearms, every employee who handles firearms in the course of their duties, must hold a valid licence with non-restricted acquisition privileges.
- If your business is authorized to possess restricted and prohibited firearms, every employee who handles firearms in the course of their duties, must hold a valid licence with restricted acquisition privileges.
- Employees who handle prohibited ammunition, devices or weapons in the course of their duties **must** be eligible to hold a firearms licence (i.e. pass background checks and have no prohibition orders), but are not required to have a firearms licence.

If you need additional space, list all information requested on a separate sheet of paper, add your business' legal name 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](#).

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](#).

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 - Application Type

New Application

If you are applying for a first-time business firearms licence, put an "X" in the "New" box and complete Sections A to E and Schedule 1 of the application form.

Depending on the type of business, you may be required to complete Schedule 2, Schedule 3 or both. The fee and number of years during which the business firearms licence is valid also depends on the type of business. Please read the following sections, to determine what applies to your business.

Change of Business Activities

If you already hold a valid business firearms licence and are applying to change your business activities, put an "X" in the "Change of Business Activities" box and indicate your current business firearms licence number in the space provided.

You must complete Sections A to E and Schedule 1 of this application form. You must also complete Schedules 2 and 3 of the form as required for the new business activity. Please refer to the information in the following sections that indicate the schedules you are required to complete.

Business Activities (Instructions and Fees)

Retail Businesses that Sell Ammunition Only

Complete Sections A through E and Schedule 1 only. Do not complete Schedules 2 and 3.

The fee is: **\$25**

Your licence will be valid for **5 years**.

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Retail Businesses that Sell Ammunition, Non-restricted, Restricted and/or Prohibited Firearms

Complete Sections A to E and Schedules 1 and 2.

The fee is based on the number of sales in a 12-month period and on the date that your application is received by the Canadian Firearms Program.

- Retail sales of fewer than (50) fifty non-restricted firearms per year: **\$125**
- Retail sales of fifty (50) or more non-restricted firearms per year:

Effective March 31, 2023: **\$268.93**

Effective March 31, 2024: **\$280.76**

- Retail sales of fewer than fifty (50) firearms including at least 1 restricted or prohibited firearm per year:

Effective March 31, 2023: **\$349.61**

Effective March 31, 2024: **\$364.99**

- Retail sales of fifty (50) or more firearms, including at least 1 restricted or prohibited firearm per year:

Effective March 31, 2023: **\$484.08**

Effective March 31, 2024: **\$505.38**

Your licence will be valid for **3 years**.

Museums

Operation of a Museum

To qualify as a museum, your business:

- Must be a non-profit organization.
- Must be federally or provincially incorporated.
- Must collect, preserve, study, interpret, assemble or exhibit objects of educational or cultural value.
- Must be open to the public or hold regular displays or demonstrations for the public.
- The museum or curator must be a member in good standing of a national or provincial museums association.

Complete Sections A to E and Schedules 1, 2 and 3. Schedule 2 does not have to be completed for employees who work only with reproductions of antique firearms and are trained to handle and use such firearms or employees who have been designated by name by a provincial minister.

The fee is based on the number of firearms the museum possesses and includes restricted and prohibited firearms:

The fee for:

- Possession of fewer than 20 firearms, is: **\$40**
- Possession of between 20 to 49 firearms, is: **\$60**
- Possession of 50 or more firearms, is: **\$150**

Your licence will be valid for **3 years**.

All Other Businesses

Complete: Sections A to E and Schedules 1, 2 and 3

Calculating the Applicable Fee Payable

Identify the applicable business activities from the following lists below; you will pay only the single highest fee.

For example, if your business:

• Sells firearms at wholesale =	\$950
• Operates as a gunsmith =	\$100
• Stores firearms =	\$100
Fee Payable =	\$950

The fee payable is **\$950 not \$1,150**.

Business Activities and Applicable Fees

The fee for:

- Attendance at an out-of-province gun show is: **\$25**
- Display or storage of firearms by a Royal Canadian Legion or an organized group of veterans, or armed forces of Canada or of a police force is: **\$25**
- Gunsmithing is: **\$100**
- Storage of firearms is: **\$100**
- Selling at auction is: **\$125**
- Wholesale sales or retail sale of firearms, as an agent is: **\$125**
- Possession of prohibited handguns and handgun barrels for use in the armoured car industry is: **\$125**
- Taking in Pawn:

Effective March 31, 2023: **\$268.93**

Effective March 31, 2024: **\$280.76**

- Wholesale sale of firearms:

Effective March 31, 2023: **\$1,021.94**

Effective March 31, 2024: **\$1,066.91**

- Wholesale sale and manufacturing of ammunition:

Effective March 31, 2023: **\$672.34**

Effective March 31, 2024: **\$701.92**

Fee Waiver

If the sole activity of your business consists of the wholesale sales and manufacture of ammunition, the fee payable for the issuance or renewal of a business firearms licence to carry on this activity is waived, provided that the factories or magazines used for this activity are licensed factories or magazines under the *Explosives Act*.

Please attach a photocopy of your *Explosive Act* licence as proof.

Your licence will be valid for **3 years**.

Manufacturing and Processing

(Except for those businesses supplying regulated items for use in theatrical productions or publishing activities - see below)

Please note: "Regulated items" include firearms, ammunition, prohibited devices, including replicas, and prohibited weapons.

The fee for:

- Manufacturing, processing or assembling prohibited devices, prohibited and restricted weapons and prohibited ammunition other than activities referred to for those businesses supplying regulated items for use in theatrical productions or publishing activities is: **\$125**
- Manufacturing, processing or assembling firearms other than activities referred to for those businesses supplying regulated items for use in theatrical productions or publishing activities is:

Effective March 31, 2023: **\$1,156.40**

Effective March 31, 2024: **\$1,207.28**

Your licence will be valid for **3 years**.

Information Sheet: Application for a Firearms Licence for Businesses (Including Museums)

Businesses that Supply Regulated Items to the Entertainment Industry

The fee for supplying to, or possessing regulated items for the purposes of, motion picture, video, television, theatrical productions or publishing activities:

- a) Non-restricted and restricted firearms including prohibited handguns, prohibited weapons and prohibited devices including replica firearms:

Effective March 31, 2023: \$268.93

Effective March 31, 2024: \$280.76

- b) Prohibited firearms other than prohibited handguns:

Effective March 31, 2023: \$1,344.65

Effective March 31, 2024: \$1,403.81

The fee for the purposes of theatrical productions or publishing activities, manufacturing or supplying or possessing replica firearms or supplying or possessing firearms except prohibited firearms referred to in item (b) above is: **\$50**

Your licence will be valid for **3 years**.

Other Business Activities

For any other activities that require the possession of prohibited firearms, prohibited weapons, prohibited devices and prohibited ammunition, the fee is: **\$125**

For activities other than those set out above, the fee is: **\$50**.

Your licence will be valid for **3 years**.

D - Fees

Boxes 13 - 17

Please indicate the appropriate fee amount in Box 13.

The fee is non-refundable.

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

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

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

For more information on the annual change to fees associated with a firearms licence for businesses, please refer to [our Web site](#).

Schedule 1 - Persons in a Prescribed Relationship to the Business

For the purposes of section 9 of the *Firearms Act*, every person who is related to a business in one of the following ways, is in a prescribed relationship to the business:

- the person is an owner of or partner in the business;
- if the business is a corporation, the person is a director or officer of the corporation; or
- the person has a relationship with a person referred to in paragraph a) or b) and
 - has a direct influence on the operations of the business, or
 - could have access to the firearms held by the business.

Checklist

Before mailing your application, have you...

- answered all relevant questions?
- attached a copy of your business registration certificate or articles of incorporation (if applicable)?
- signed and dated the application?
- completed and attached Schedule 1?
- completed and attached Schedules 2 and 3 (if applicable)?
- attached a copy of your licence issued under the *Explosives Act* (if applicable)?
- enclosed the applicable fee if paying by cheque or money order?
- included any additional information along with your completed application?



Application for a Firearms Licence for Businesses (Including Museums)

For Administrative Use

Attention:
Read the Information Sheet for explanations. Use a check mark to indicate your answers (where required). Print clearly in blue or black ink.

I would like to receive all information in

English French

A - Application Type

1. a) Type of Application (check one only) b) If you are applying to change your business activities, provide your firearms business licence number.

New Change of Business Activities

B - Business/Museum Information

2. Type of Business (check one only)

Sole Proprietorship Partnership Limited Partnership

Corporation Other, please specify:

3. Legal Name of Business or Museum 4. Operating Name (if different from legal name)

5. Telephone Number Extension 6. Fax Number (if applicable) 7. Email Address (if applicable)

8. Business or Museum Registration/Incorporation Number Copy of Registration Certificate or Articles of Incorporation Attached

Business/Museum Address

9. a) Street/Land Location b) Suite/Unit

c) City d) Province/Territory e) Postal Code

Mailing Address

Same as Business/Museum Address

10. a) Street/Land Location b) Suite/Unit

c) City d) Province/Territory e) Postal Code

Hours of Operation

To be completed by retail businesses and museums only - Hours of operation (use 24 hour clock times, e.g. 9:00 to 17:30)

Sunday - Hours of Operations	Monday - Hours of Operations	Tuesday - Hours of Operations	Wednesday - Hours of Operations	Thursday - Hours of Operations	Friday - Hours of Operations	Saturday - Hours of Operations

Business/Museum Representative

11. a) Last Name b) First Name c) Middle Name

d) Firearms Licence Number (if applicable) e) Date of Birth (yyyy-mm-dd) (if not licenced) f) Position Title

g) Telephone Number Extension h) Email Address (if applicable)

For Administrative Use

C - Retail/Consignment Sales Activities (if applicable)

12. Type of Activities (check all that apply)

a) Retail Sales of Non-prohibited Ammunition b) Retail Sales (including consignment sales)

If 12 b) Retail Sales (including consignment sales) was selected, specify which class of firearms (check all that apply)

Non-restricted Firearms Estimate the number of non-restricted firearm retail sales that you will make in the next 12-month period. _____

Restricted Firearms

Prohibited Handguns

D - Fees

Refer to Section Business Activities (Instructions and Fees) in the Information Sheet for the applicable fee associated with your business licence application. The fee is based on the business activities and on the date that this application is received by the Canadian Firearms Program.

13. Fee Enclosed (CAN\$)	14. Indicate method of payment. Do not send cash. Make cheque or money order payable to Receiver General for Canada. <input type="radio"/> Cheque <input type="radio"/> Certified Cheque <input type="radio"/> Money Order <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Amex
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If paying by credit card, complete the credit card information.

15. Credit Card Number	16. Expiry Date (mm-yy)	17. Name Appearing on Credit Card
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I authorize the Canadian Firearms Program to charge to my credit card the amount shown in Box 13.

_____	_____
Cardholder's Signature	Date (yyyy-mm-dd)

E - Business/Museum Representative Declaration

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 a licence.

I declare on behalf of the business/museum that the information provided on this form (including it's schedules) and any attachments is true and correct to the best of my knowledge.

_____	_____
Business or Museum Representative's Signature	Date (yyyy-mm-dd)

Information contained in this application is obtained under the authority of the *Firearms Act*. The information will be used to determine eligibility and to administer and enforce the firearms legislation. In addition to the provisions outlined in the *Firearms Act*, individual rights regarding personal information are governed by the applicable federal, provincial or territorial legislation relating to access to information and privacy.

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Protected A
once completed

Schedule 1

List all owners or partners in the business. If the business is a corporation, list all directors and officers of the corporation. For each person, provide a list of all individuals with whom they have a relationship where the individual has a direct influence on the operations of the business, or could have access to the firearms held by the business. **Photocopy this blank page if you require more space. You must attach a copy of this schedule to your application.**

For Administrative Use

Persons in a Prescribed Relationship to the Business/Museum

1.	1. a) Firearms Licence Number (if applicable)			1. b) Date of Birth (yyyy-mm-dd) (if not licenced)		
	1. c) Last Name		1. d) First Name		1. e) Middle Name	
	1. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.			1. g) Previous Last Name		1. h) Previous First Name
	1. i) Telephone Number	Extension	1. j) Position Title / Relationship to the Business			1. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
2.	2. a) Firearms Licence Number (if applicable)			2. b) Date of Birth (yyyy-mm-dd) (if not licenced)		
	2. c) Last Name		2. d) First Name		2. e) Middle Name	
	2. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.			2. g) Previous Last Name		2. h) Previous First Name
	2. i) Telephone Number	Extension	2. j) Position Title / Relationship to the Business			2. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
3.	3. a) Firearms Licence Number (if applicable)			3. b) Date of Birth (yyyy-mm-dd) (if not licenced)		
	3. c) Last Name		3. d) First Name		3. e) Middle Name	
	3. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.			3. g) Previous Last Name		3. h) Previous First Name
	3. i) Telephone Number	Extension	3. j) Position Title / Relationship to the Business			3. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
4.	4. a) Firearms Licence Number (if applicable)			4. b) Date of Birth (yyyy-mm-dd) (if not licenced)		
	4. c) Last Name		4. d) First Name		4. e) Middle Name	
	4. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.			4. g) Previous Last Name		4. h) Previous First Name
	4. i) Telephone Number	Extension	4. j) Position Title / Relationship to the Business			4. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
5.	5. a) Firearms Licence Number (if applicable)			5. b) Date of Birth (yyyy-mm-dd) (if not licenced)		
	5. c) Last Name		5. d) First Name		5. e) Middle Name	
	5. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.			5. g) Previous Last Name		5. h) Previous First Name
	5. i) Telephone Number	Extension	5. j) Position Title / Relationship to the Business			5. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Check this box if you have attached additional pages listing persons in a prescribed relationship to the business.						

Application for a Firearms Licence for Businesses (Including Museums)

Protected A
once completed

Schedule 2

Complete section A of this schedule if your business employs individuals who handle firearms. For each employee, print their full legal name, position title within your business and their firearms licence number and indicate the class of firearms they handle. If your employees only handle prohibited ammunition, devices or weapons, complete section B of this Schedule. If you have employees who handle firearms as well as prohibited ammunition, devices or weapons, please print the required information in both sections A and B. **Photocopy this blank page if you require more space. You must attach a copy of this Schedule to your application (if applicable).**

For Administrative Use

A - Employees who Handle Firearms

Employees **must** have a valid Possession and Acquisition Licence for the classes of firearms handled.

1.	1. a) Last Name	1. b) First Name	1. c) Middle Name
	1. d) Position Title	1. e) Firearms Licence Number	1. f) Classes of Firearms Handled <input type="checkbox"/> Non-restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited
2.	2. a) Last Name	2. b) First Name	2. c) Middle Name
	2. d) Position Title	2. e) Firearms Licence Number	2. f) Classes of Firearms Handled <input type="checkbox"/> Non-restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited
3.	3. a) Last Name	3. b) First Name	3. c) Middle Name
	3. d) Position Title	3. e) Firearms Licence Number	3. f) Classes of Firearms Handled <input type="checkbox"/> Non-restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited
4.	4. a) Last Name	4. b) First Name	4. c) Middle Name
	4. d) Position Title	4. e) Firearms Licence Number	4. f) Classes of Firearms Handled <input type="checkbox"/> Non-restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited

B - Employees who Handle Prohibited Ammunition, Devices or Weapons

Employees who, in the course of their duties, **handle prohibited ammunition, devices, and weapons must** be eligible to hold a firearms licence, but are not required to have a licence.

1.	1. a) Last Name	1. b) First Name	1. c) Middle Name
	1. d) Position Title		
	1. e) Firearms Licence Number (if applicable)	1. f) Date of Birth (yyyy-mm-dd) (if not licenced)	1. g) Telephone Number Extension
2.	2. a) Last Name	2. b) First Name	2. c) Middle Name
	2. d) Position Title		
	2. e) Firearms Licence Number (if applicable)	2. f) Date of Birth (yyyy-mm-dd) (if not licenced)	2. g) Telephone Number Extension
3.	3. a) Last Name	3. b) First Name	3. c) Middle Name
	3. d) Position Title		
	3. e) Firearms Licence Number (if applicable)	3. f) Date of Birth (yyyy-mm-dd) (if not licenced)	3. g) Telephone Number Extension

Check this box if you have attached additional pages.

Application for a Firearms Licence for Businesses (Including Museums)

Protected A
once completed

Schedule 3

Complete this Schedule if any of the information requested below applies to your business or museum. If you possess prohibited firearms, weapons, devices or ammunition, you must complete section C. **Photocopy this page if you require more space. You must attach a copy of this Schedule to your application (if applicable).**

For Administrative Use

A - Museum Activities

1. Is the museum a non-profit organization?

Yes No

2. Is the museum or its curator a member in good standing of a national or provincial museums association?

Yes No If yes, specify:

B - Business Activities

3. Describe all the business activities in relation to the classes of firearms and other types of regulated items that you possess.

Indicate the activities that apply to your business. For each activity, indicate which classes of firearms and other types of regulated items you possess by placing a check mark in the appropriate column. Please note that the boxes labeled N/A indicate that the activity is not permissible for that class of firearm or regulated item.

Business Activities	Non-restricted Firearms	Restricted Firearms	Prohibited Ammunition	Prohibited Handguns	Ammunition	Prohibited Devices	Prohibited Firearms	Prohibited Weapons
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C - Purpose for Possession - Prohibited Firearms, Weapons, Devices or Ammunition

Where you have indicated that you possess prohibited items, please provide your business purpose. For example: the importation of prohibited firearms for resale to a public service agency.

Check this box if you have attached additional pages.