FEO-JSFLD-RLTOPFAF-001-2019

REGULAR LICENSE TO OWN AND POSSESS FIREARMS
APPLICATION FORM (JURIDICAL ENTITY)

REMINDER: *You may renew your RLTOPF within six (6) months prior to its expiry date without any effect on the validity of the existing license.*

(To be filled out by Applicant completely and legibly)

DATE: ☐☐/☐☐/☐☐☐☐
(Day/Month/Year)

JURIDICAL ENTITY INFORMATION

TYPE OF LICENSE: ☐ **LRR** ☐ **LCR**

Type of Juridical Entity:
☐Private Security Agency ☐Company Guard Force ☐Embassy
☐LGU ☐Manufacturer ☐National Government Agency
☐GOCC ☐Shooting Range ☐Gun Club ☐Others _____

Name of Juridical Entity:

Name of Authorized Representative:
Last Name
First Name
Middle Name

Position:

Office Address:
Unit No./Bldg:
Street/Brgy:
City/Municipality:
Region: **Postal Code:**

Mobile No.: +63 **Telephone No.:**

Office Email Address:

Name of Bonded Firearms Custodian:
Last Name
First Name
Middle Name

Mobile No.: +63 **Telephone No.:**

CERTIFICATION AND UNDERTAKING

We hereby certify that, pursuant to the provisions of Republic Act 10591, all statements provided herein are true and correct. Further, we certify that we have not been convicted of any crime involving moral turpitude, nor have we been convicted or currently an accused in a pending criminal case for a crime that is punishable with a penalty of more than two (2) years. Any misdeclaration/falsity stated in this application shall be a basis for the cancellation of this license and the revocation of the registration/s of the firearm/s and its/their eventual confiscation without prejudice to the filing of criminal and/or civil case against us.

2" X 2"
I.D. Photo of
Authorized Representative
(White Background)
Original Photo Only
No Photocopy
No Scanned

_____
Signature above printed name of Owner/ Representative

_____
Signature above printed name of Bonded Firearm Custodian

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20____ applicant exhibited to me his/her competent evidence of identity issued by _____, bearing ID No. _____ on _____ 20_____.

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

_____
NOTARY PUBLIC

RIGHT THUMBMARK
(Roll thumbprint from left to right)