

Reason for Cancellation of the Firearm Certificate : (Tick appropriate boxes)			
Sold To New Holder :	<input type="checkbox"/>	New Holder Details:	
Transferred to Dealer:	<input type="checkbox"/>	Dealer PULSE I.D. No. Dealer Name: Dealer Address:	
Destroyed by Dealer:	<input type="checkbox"/>	Dealer PULSE I.D. No. Dealer Name: Dealer Address:	
Destroyed by other:	<input type="checkbox"/>	Provide Details:	
Deactivated:	<input type="checkbox"/>	Provide Details:	
Exported Gun :	<input type="checkbox"/>	Provide Details:	
Emigrated:	<input type="checkbox"/>	Provide Details:	
Deceased:	<input type="checkbox"/>	Provide Details as to where Firearm is now:	
Lost:	<input type="checkbox"/>	Seized : <input type="checkbox"/>	Stolen: <input type="checkbox"/>
Other:	<input type="checkbox"/>	Specify:	

Signature of person requesting Cancellation of Firearm Certificate: _____

Date: _____

For Official Use Only

If the Firearm Status has changed due to an Incident, please supply the **PULSE Incident Number**.

 Incident number relating to *Lost*: *Seized* : *Stolen*:

For completion by member receiving the Form FCA2:
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Reg. No:	Surname:	Station Stamp
Rank:	First Name:	
Station:	Signature:	

For completion by Issuing Superintendent or Chief Superintendent (depending on whether Firearm is restricted or not)

This amendment relates to a: **Non Restricted * Firearm** **Restricted * Firearm**

Decision of Superintendent * / Chief Superintendent* (delete as appropriate):

I *approve* of the amendment I do *not approve* of the above amendment. Form **FCA1** must be completed.

Decision of Superintendent * / Chief Superintendent* (delete as appropriate):

I *approve* of the cancellation for the Firearm Certificate.

Reg. No:	Surname:	District or Divisional Officer Stamp
Rank:	First Name:	
Station:	Signature:	