





**Section 4: Owner information**

16. Last name	17. First name	18 Date of birth Year	Month	Day
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**Section 5: Information on the firearm**

<b>Firearm</b>	19. Type <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle <input type="checkbox"/> Other. Specify: _____		20. Make			
	21. Model					
	22. Action <input type="checkbox"/> Break <input type="checkbox"/> Bolt <input type="checkbox"/> Lever <input type="checkbox"/> Pump <input type="checkbox"/> Semi-automatic <input type="checkbox"/> Cylinder <input type="checkbox"/> Other. Specify: _____					
	23. Calibre		24. Barrel length		<input type="checkbox"/> mm <input type="checkbox"/> in	
	25. Serial number		26. Other number		27. Unique firearm number (UFAN)	
	28. Place of storage of firearm (enter one location per firearm) <input type="checkbox"/> Same as your home address (if applicable, do not reenter it here) <input type="checkbox"/> Other address (if applicable, fill out boxes 29 to 33)					
	29. Place of storage of firearm address (number, street)		Apartment	30. City		
	31. Province <b>Québec</b>		32. Postal code		33. Country <b>Canada</b>	
	Fill out boxes 34 to 36 <b>only</b> if the firearm's place of storage does not have a civic address.					
	34. Latitude (decimal format)			35. Longitude (decimal format)		
36. Municipality						

<b>Firearm</b>	37. Type <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle <input type="checkbox"/> Other. Specify: _____		38. Make			
	39. Model					
	40. Action <input type="checkbox"/> Break <input type="checkbox"/> Bolt <input type="checkbox"/> Lever <input type="checkbox"/> Pump <input type="checkbox"/> Semi-automatic <input type="checkbox"/> Cylinder <input type="checkbox"/> Other. Specify: _____					
	41. Calibre		42. Barrel length		<input type="checkbox"/> mm <input type="checkbox"/> in	
	43. Serial number		44. Other number		45. Unique firearm number (UFAN)	
	46. Place of storage of firearm (enter one location per firearm) <input type="checkbox"/> Same as your home address (if applicable, do not reenter it here) <input type="checkbox"/> Other address (if applicable, fill out boxes 47 to 51)					
	47. Place of storage of firearm address (number, street)		Apartment	48. City		
	49. Province <b>Québec</b>		50. Postal code		51. Country <b>Canada</b>	
	Fill out boxes 52 to 54 <b>only</b> if the firearm's place of storage does not have a civic address.					
	52. Latitude (decimal format)			53. Longitude (decimal format)		
54. Municipality						

Make a copy of this page as needed.