



**Application for an Exemption under
Section 11(6) of the Firearms Act 1968**

Full name of organiser

Address of organiser

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Date of birth of organiser

Telephone number(s) of organiser

Fax/email address, if any

Name (if any) of event or organisation

Time(s) of event(s)

Date(s) of event(s)

Address of event (or brief details of land over which it is intended to shoot)

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Declaration

I accept responsibility for the safe conduct of the event(s) and will comply with the recommended guidelines.

Signature

Print name

Date

[This application should be returned to the **Firearms and Explosives Licensing Branch, Sussex Police Headquarters, Malling House, Church Lane, LEWES, East Sussex, BN7 2DZ**]