



Important

- Read the general information and instructions.
- Fill out **all sections** of the form in print, in **black** or **blue** ink.
- Fill out sections 1 to 5.
- Include a copy of a valid document allowing us to establish your identify **only** if you have not filled out boxes 12 or 13.
- **Sign** and **date** section 3.

Send the application by mail at:
Service d'immatriculation des armes à feu du Québec
2535, boulevard Laurier
Québec (Québec) G1V 5C6

Section 1: Information on the owner

1. Last name			2. First name		
3. Home address (number, street)		Apartment	4. City		
5. Province			6. Postal code		7. Country
8. Area code Telephone			9. Area code Fax, if applicable		
10. Date of birth Year Month Day		11. Email, if applicable			

Section 2: Proof of your identity

To allow us to establish your identity, **choose just one of the identification methods set out** below.

- Your Firearm Possession and Acquisition Licence number (PAL);
→ If you choose this option, fill out box 12.
- The number of registration of your birth in the Québec register of civil status (NIREC);
→ If you choose this option, fill out box 13.
- A valid identity document.
→ If you choose this option, include a copy of a valid identity document with your application. Refer to the general information for a list of accepted documents.

12. Firearm Possession and Acquisition Licence number		This number can be found on the firearm Possession and Acquisition Licence issued by the Royal Canadian Mounted Police (Chief Firearms Officer).
13. Number of registration of your birth in the Québec register of civil status 1 0 4		This number can be found on the bottom left of the birth certificate or copy of the act of birth issued by the Directeur de l'état civil.

Section 3: Consent

14. I solemnly declare that, to my knowledge, the information provided is accurate, and I hereby authorize the Service de l'immatriculation des armes à feu du Québec to check my identity based on the information I have provided with the Royal Canadian Mounted Police, Directeur de l'état civil or any other organization concerned. X _____ Mandatory signature of owner	15. Date Year Month Day _____
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Make your registration application online!
If you need to register more than one firearm, we highly recommend using our online service. It's easier, faster and effective.
www.siaf.gouv.qc.ca



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

Firearm	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 Québec		32. Postal code		33. Country Canada	
	Fill out boxes 34 to 36 only if the firearm's place of storage does not have a civic address.					
	34. Latitude (decimal format)			35. Longitude (decimal format)		
36. Municipality						

Firearm	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 Québec		50. Postal code		51. Country Canada	
	Fill out boxes 52 to 54 only 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.