





**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.