

Form B-4
Application for additional licensees under licence in Form III
(See rule 20)
(to be filed along with Form A-1)
Part A

IDENTITY OF THE PARENT LICENSEE				
1	Name of the licensee			
2	Parent/Spouse Name			
3	Present address	<i>District</i>		<i>State</i>
		<i>Office</i>		<i>Residence</i>
	Telephone Number			
	Mobile Number			
	Nearest Police Station			
4	UIN			
5	Licence number Date of expiry			
6	Area validity of the licence			
7	Firearms endorsed on the licence	Weapon 1	Weapon 2	Weapon 3
	Type <i>(Rifle/Shot Gun/Hand Gun)</i>			
	Bore/Caliber			
	Weapon Number			

Part B

IDENTITY OF THE FIRST ADDITIONAL LICENSEE				
1	Name of the first additional licensee			
2	Parent/Spouse Name			
3	Relationship with parent licensee			
4	Present Address	<i>District</i>		<i>State</i>
		<i>Office</i>		<i>Residence</i>
	Telephone Number			
	Mobile Number			
	Nearest Police Station			
5	Firearms to be endorsed on the additional licence	Weapon 1	Weapon 2	Weapon 3
	Type <i>(Rifle/Shot Gun/Hand Gun)</i>			
	Bore/Caliber			
	Weapon Number			

Part C

IDENTITY OF THE SECOND ADDITIONAL LICENSEE				
1	Name of the second additional licensee			
2	Parent/Spouse Name			
3	Relationship with parent licensee			
4	Present Address	<i>District</i>		<i>State</i>
		Telephone Number	<i>Office</i>	<i>Residence</i>
	Mobile Number			
	Nearest Police Station			
	Firearms to be endorsed on the Additional Licence	Weapon 1	Weapon 2	Weapon 3
Type <i>(Rifle/Shot Gun/Hand Gun)</i>				
Bore/Caliber				
Number				

Declaration –

I, hereby declare that, the person(s) being appointed as additional licensee reside with me at the my registered address as mentioned in my licence in Form III and fall within the definition of close relatives as given under rule 20. In case any of the additional licensees shifts temporarily or permanently from my premises, it will be my responsibility to furnish the information to the licensing authority for cancellation of the licence of such additional licensee.

Place

(Signature of the parent licensee)

Date