



**RESTRICTED**

# APPLICATION TO HOLD AN OCCASIONAL CLAY PIGEON SHOOT

The Firearms (Northern Ireland) Order 2004 (Schedule 1 Para 11(2))

(Please complete in Block Capitals using black ink)

Full name of organiser or responsible person


Address of organiser or responsible person

Postcode

Telephone No.

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Mobile No.

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Name of event or organisation (if any)


Full location of event  
(Please provide a separate application for each location)


Date(s) of event


Time(s) of event


*I will accept full responsibility for the safe conduct of the event and will comply with the recommended guidelines and any directions imposed by the Chief Constable or a person acting on his/her behalf.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print full name \_\_\_\_\_

**Please send completed form not later than 6 weeks before the event to:**

**Police Service of Northern Ireland  
Room 46, Lisnasharragh, 42 Montgomery Road, Belfast BT6 9LD**