



## Information Sheet: Application for a Carrier Licence

Ce formulaire est disponible en français.

### Before You Start...

**Use this form** to apply for a carrier licence to transport firearms, prohibited weapons, prohibited devices or prohibited ammunition anywhere within Canada or across Canadian borders. This form is for transportation businesses that carry on business in Canada.

**You must complete** the schedule and attach it to your application.

**Do not use this form** to apply to renew your existing carrier licence. Call 1 800 731-4000 and ask for form "Application for the Renewal of a Carrier Licence" (RCMP GRC 5640).

**If you need additional space**, list all information requested on a separate sheet of paper, add your business' legal name to the top of each sheet and attach the sheet to your application.

**If you need help completing this form** or require another form, call 1 800 731-4000 in Canada and the USA, 506 624-6626 outside Canada and the USA or visit [our Web site](#).

Mail your completed application form, all attachments and enclosed payment, if you are paying by cheque or money order, to:

Royal Canadian Mounted Police  
Canadian Firearms Registry  
Ottawa ON K1A 0R2  
Canada

The following information explains certain parts of the form and will help you answer some of the questions. You should read the instructions as you fill in your form. If you are still unsure about a question, call 1 800 731-4000 for assistance.

### A - Carrier Information

#### Boxes 3 and 4

The legal name in Box 3 is the name that will appear on your carrier licence. If your company is also known by another name, print the name in Box 4. The carrier licence will state the legal name of your company "doing business as" the name you provide in Box 4. If you don't print anything in Box 4, the licence will simply state the legal name of your company.

#### Box 8

If your company is registered or incorporated, put the registration or incorporation number in Box 8. Include a copy of registration or incorporation documents with your application. Check the box on the form to indicate that you have attached a copy of registration or incorporation documents.

#### Boxes 11 d) and e)

Print your firearms licence number in Box 11 d). If you do not have a licence, print your date of birth in Box 11 e).

### C - Fees

The fee for a carrier licence is **CAN\$ 125. The fee is non-refundable.**

Indicate the method of payment. Your fee must be payable in Canadian dollars and cheques must be drawn on a Canadian banking establishment. Do not send cash. Make your cheque or money order payable to the Receiver General for Canada.

Administrative fees and interest will be applied to all dishonoured payments.

Please note: If paying by cheque, please allow a minimum of ten (10) business days for bank clearance.

Your licence is valid for **3 years**.

# Information Sheet: Application for a Carrier Licence

## Schedule - Persons in a Prescribed Relationship to the Business

You **must** complete the schedule and attach it to your application.

For the purposes of section 9 of the *Firearms Act*, every person who is related to a business in one of the following ways is in a prescribed relationship to the business:

- a) the person is an owner of or partner in the business;
- b) if the business is a corporation, the person is a director or officer of the corporation; or
- c) the person has a relationship with a person referred to in paragraph a) or b) and
  - (i) has a direct influence on the operations of the business, or
  - (ii) could have access to the firearms held by the business.

The people you list are not required to actually hold a firearms licence, but they must meet the eligibility requirements to hold one. If they do have a firearms licence, print the licence number in Box 1 a); if not, provide their date of birth in Box 1 b). If necessary, photocopy the page before you fill it in so that you have enough space to include everyone, or attach a separate page providing the information in the same order.

## Definitions: Firearms and Prohibited Weapons, Ammunition And Devices

### A Non-Restricted Firearm is

- an ordinary rifle, shotgun or combination gun that is not described below as being restricted or prohibited.

### A Restricted Firearm is

- a handgun that is not a prohibited firearm;
- a semi-automatic, centre-fire rifle or shotgun with a barrel length less than 470 mm (18.5 inches) that is not prohibited;
- a rifle or shotgun that can fire when its overall length is reduced by folding, telescoping or some other means to less than 660 mm (26 inches);
- any firearm prescribed as restricted (including some long guns)

### A Prohibited Firearm is

- a handgun with a barrel length of 105 mm (4.1 inches) or less;
- a handgun designed or adapted to discharge 25 or 32 calibre ammunition;
- a rifle or shotgun that has been altered to make it less than 660 mm (26 inches) in overall length;
- a rifle or shotgun that has been altered to make the barrel length less than 457 mm (18 inches) where the overall firearm length is 660 mm (26 inches) or more;
- an automatic firearm and a converted automatic firearm;
- any firearm prescribed as prohibited.

## Prohibited Weapons, Ammunition and Devices Include

- Silencers.
- Switchblade knives.
- Large-capacity cartridge magazines.
- Weapons, parts, components or ammunition declared prohibited by Order in Council, such as:
  - Body-armour piercing handgun cartridges, incendiary and explosive projectiles and shotgun "flechette" cartridges.
  - "Bull-pup" stocks for rifles or carbines.
  - Stun guns.
  - SS-1 Stingers and variants.
  - Brass knuckles.
  - Mace, tear gas.
  - Certain martial arts devices

## Checklist

### Before mailing your application, have you...

- answered all relevant questions?
- signed and dated the application?
- completed and attached the schedule?
- enclosed the applicable fee if paying by cheque or money order?
- included any additional information along with your completed application?



# Application for a Carrier Licence

For Administrative Use

**Attention:**  
Read the Information Sheet for explanations. Use a check mark to indicate your answers (where required). Print clearly in blue or black ink.

1. I would like to receive all information in:

English     French

## A - Carrier Information

2. Type of business (check one only)

Sole Proprietorship                       Partnership                       Limited Partnership

Corporation                       Other, specify:

3. Legal Name of Carrier                      4. Operating Name (if different from legal name)

5. Telephone Number                      Extension                      6. Fax Number

7. Email Address

8. Business Registration / Incorporation Number                       I have attached a copy of the registration certificate or articles of incorporation

## Business Address

9. a) Street / Land Location                      9. b) Suite/Unit

9. c) City                      9. d) Province/Territory/State                      9. e) Country                      9. f) Postal/Zip Code

## Mailing Address

Mailing address is the same as business address

10. a) Street / Rural Route / PO Box Number                      10. b) Suite/Unit

10. c) City                      10. d) Province/Territory/State                      10. e) Country                      10. f) Postal/Zip Code

## Carrier Representative

11. a) Last Name                      11. b) First Name                      11. c) Middle Name

11. d) Firearms Licence Number (if applicable)                      11. e) Date of Birth (if not licenced) (yyyy-mm-dd)

11. f) Position Title                      11. g) Telephone Number                      Extension

11. h) Email Address

For Administrative Use

## B - Subsidiaries

12. Do you have subsidiaries, divisions, or bonded warehouses that will be operating on your behalf under your carrier licence?

Yes. Complete Boxes 13 and 14. If you have more than two (2) subsidiaries, divisions, or bonded warehouses, list the names and requested information on an additional sheet of paper, then attach it to your application. You can photocopy this blank page if you require more space.

No. Continue to Section C, Box 15.

### Subsidiary 1

13. a) Type (check one only)

Subsidiary       Division       Bonded Warehouse

13. b) Operating Name

13. c) Name of Business Representative	13. d) Telephone Number	Extension
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### Business Address

13. e) Street / Land Location		13. f) Suite/Unit	
13. g) City	13. h) Province/Territory/State	13. i) Country	13. j) Postal/Zip Code

### Mailing Address

Mailing address is the same as business address

13. k) Street / Rural Route / PO Box Number		13. l) Suite/Unit	
13. m) City	13. n) Province/Territory/State	13. o) Country	13. p) Postal/Zip Code

### Subsidiary 2

14. a) Type (check one only)

Subsidiary       Division       Bonded Warehouse

14. b) Operating Name

14. c) Name of Business Representative	14. d) Telephone Number	Extension
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### Business Address

14. e) Street / Land Location		14. f) Suite/Unit	
14. g) City	14. h) Province/Territory/State	14. i) Country	14. j) Postal/Zip Code

### Mailing Address

Mailing address is the same as business address

14. k) Street / Rural Route / PO Box Number		14. l) Suite/Unit	
14. m) City	14. n) Province/Territory/State	14. o) Country	14. p) Postal/Zip Code

Check this box if you have attached additional pages listing more subsidiaries, divisions, or bonded warehouses.

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## C - Fees

15. Fee Enclosed (CAN\$)      16. Indicate method of payment. **Do not send cash.** Make cheque or money order payable to **Receiver General for Canada.**  
 Cheque       Certified Cheque       Money Order       Visa       MasterCard       AMEX

If paying by credit card, complete the credit card information.

17. Credit Card Number	18. Expiry Date (mm-yy)	19. Name Appearing on Credit Card
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I authorize the Canadian Firearms Program to charge to my credit card the amount shown in Box 15.

\_\_\_\_\_      \_\_\_\_\_  
Cardholder's Signature      Date (yyyy-mm-dd)

## D- Carrier Representative Declaration

**It is an offence under section 106 of the *Firearms Act* to knowingly make a false or misleading statement, either orally or in writing, or to knowingly fail to disclose relevant information, for the purpose of obtaining a licence.**

I declare that the information provided on this form, including its schedule, and any attachments is true and correct to the best of my knowledge.

\_\_\_\_\_      \_\_\_\_\_  
Carrier Representative's Signature      Date (yyyy-mm-dd)

Information contained in this application is obtained under the authority of the *Firearms Act*. The information will be used to determine eligibility and to administer and enforce the firearms legislation. In addition to the provisions outlined in the *Firearms Act*, individual rights regarding personal information are governed by the applicable federal, provincial or territorial legislation relating to access to information and privacy.

# Application for a Carrier Licence

Protected A  
once completed

## Schedule - Persons in a Prescribed Relationship to the Business

List all owners or partners in the business. If the business is a corporation, list all directors and officers of the corporation. For each person, provide a list of all individuals with whom they have a relationship where the individual has a direct influence on the operations of the business, or could have access to the firearms held by the business. **Photocopy this blank page if you require more space. You must attach a copy of this schedule to your application.**

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### Persons in a Prescribed Relationship to the Business

<b>1.</b>	1. a) Firearms Licence Number (if applicable)		1. b) Date of Birth (if not licenced) (yyyy-mm-dd)		
	1. c) Last Name		1. d) First Name		1. e) Middle Name
	1. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.		1. g) Previous Last Name		1. h) Previous First Name
	1. i) Telephone Number	Extension	1. j) Position Title / Relationship to the Business		1. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
<b>2.</b>	2. a) Firearms Licence Number (if applicable)		2. b) Date of Birth (if not licenced) (yyyy-mm-dd)		
	2. c) Last Name		2. d) First Name		2. e) Middle Name
	2. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.		2. g) Previous Last Name		2. h) Previous First Name
	2. i) Telephone Number	Extension	2. j) Position Title / Relationship to the Business		2. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
<b>3.</b>	3. a) Firearms Licence Number (if applicable)		3. b) Date of Birth (if not licenced) (yyyy-mm-dd)		
	3. c) Last Name		3. d) First Name		3. e) Middle Name
	3. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.		3. g) Previous Last Name		3. h) Previous First Name
	3. i) Telephone Number	Extension	3. j) Position Title / Relationship to the Business		3. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
<b>4.</b>	4. a) Firearms Licence Number (if applicable)		4. b) Date of Birth (if not licenced) (yyyy-mm-dd)		
	4. c) Last Name		4. d) First Name		4. e) Middle Name
	4. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.		4. g) Previous Last Name		4. h) Previous First Name
	4. i) Telephone Number	Extension	4. j) Position Title / Relationship to the Business		4. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
<b>5.</b>	5. a) Firearms Licence Number (if applicable)		5. b) Date of Birth (if not licenced) (yyyy-mm-dd)		
	5. c) Last Name		5. d) First Name		5. e) Middle Name
	5. f) Has this person ever changed names? <input type="radio"/> No <input type="radio"/> Yes, indicate previous names.		5. g) Previous Last Name		5. h) Previous First Name
	5. i) Telephone Number	Extension	5. j) Position Title / Relationship to the Business		5. k) Does this person have access to the firearms? <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Check this box if you have attached additional pages listing persons in a prescribed relationship to the business.					