



# Application to Become a Verifier

Ce formulaire est disponible en français.

For Administrative Use

**Attention: Please print clearly in blue or black ink. To verify a firearm, you must have access to a computer with internet.**

1. I would like to receive all information in  
 English  French

**A - Applicant Information**

2. a) Last Name		2. b) First Name		2. c) Initial or Middle Name	
2. d) Date of Birth (yyyy-mm-dd)	2. e) Firearms Licence Number	2. f) Expiry Date (yyyy-mm-dd)	2. g) Occupation		

**Contact Information**

Indicate how the Canadian Firearms Program may contact you.

3. a) Telephone Number		Extension	3. b) Email Address		
3. c) Do you want to provide verification services to the public? <input type="radio"/> No <input type="radio"/> Yes, indicate the tel. no. that should be given to the public.			3. d) Telephone Number (given to the public)		Extension

**B - Business, Public Agency or Sponsor Information**

4. a) Name of Business, Public Agency or Sponsor		4. b) Business Firearms Licence Number (Public Agency Identification Number is not required).		4. c) Licence Expiry Date (yyyy-mm-dd)	
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**Physical Address**

5. a) Street or Land Location			5. b) Apt./Unit		
5. c) City		5. d) Province/Territory		5. e) Postal Code (A9A 9A9)	

**Mailing Address**

Mailing address is the same as above

6. a) Street / Rural Route / PO Box Number			6. b) Apt./Unit		
6. c) City		6. d) Province/Territory		6. e) Postal Code (A9A 9A9)	

**Supervisor, Sponsor or Representative's Information**

7. a) Last Name		7. b) First Name		7. c) Initial or Middle Name	
7. d) Telephone Number		Extension	7. e) Email Address (if applicable)		
7. f) Position Title					

I authorize the applicant to verify firearms for our purpose. I will inform the Registrar if there is any change or if the applicant no longer belongs to our business/organization.

\_\_\_\_\_  
Supervisor, Sponsor or Representative's Signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

**C - Verifier Category**

8. Category (check one only)

<input type="radio"/> Business	<input type="radio"/> Firearms Officer	<input type="radio"/> Club/Organization	<input type="radio"/> Manufacturer
<input type="radio"/> CFP Sponsored	<input type="radio"/> Police Officer	<input type="radio"/> Museum	<input type="radio"/> Public Agent

**D - Applicant's Signature**

Applicant's Signature	Date (yyyy-mm-dd)
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**To inform us of any changes, for any questions or if you need help completing this form, please call 1 800 731-4000 extension 1052.  
 Once completed, please fax to: 1 877 699-4928; send via email to: [VerifiersNetwork-ReseauVerificateurs@rcmp-grc.gc.ca](mailto:VerifiersNetwork-ReseauVerificateurs@rcmp-grc.gc.ca);  
 or mail to: RCMP, CFP, Canadian Firearms Registry, Verifier's Network, Ottawa ON K1A 0R2**

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.