



## DERBYSHIRE POLICE

Police Headquarters  
Firearms and Explosives Licensing  
Dept.  
Butterley Hall, Ripley,  
Derbyshire. DE5 3RS

Email:  
FILI@Derbyshire.PNN.Police.UK  
Telephone: 0300 122 8657  
Lines open between 8am and 4pm  
Monday to Friday.

05 November 2019

«Name»  
«Address\_1»  
«Address\_2»  
«Address\_3»  
«Address\_4»  
«Address\_5»  
«Address\_6»  
«Postcode\_1» «Postcode\_2»

Dear «Name»

<b>Certificate No: «Certificate Number» Expiry Date: «Expiry Date»</b>
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### **IMPORTANT INFORMATION ABOUT YOUR RENEWAL**

If you wish to renew your certificate, please visit <https://derbyshire.police.uk/> where you can apply for your renewal online.

Additional information regarding fees, guidance on completing the application form and answers to frequently asked questions can also be found here. Please forward a **copy** of your certificate to the above address following submission.

### **IMPORTANT INFORMATION**

Please be aware that Derbyshire Police have implemented a new process where the medical declarations made by applicants on the application form will need to be verified by their GP. This verification **must** be submitted **before or alongside** your application. We will **not** accept nor process any application without this verification report.

This measure will affect certificate holder's certificates; you must ensure that your General Practitioner (GP) is prepared to complete the verification request form attached to this letter. This form will ask about your medical health and will be used to verify the medical declaration you have made.

You will need to contact your GP surgery and confirm they are prepared to return the medical information form as GP surgeries are charging to release this information.

This process will assist the timely progress of your application, by preventing delays with the Firearms and Explosives Licensing.

**Please note; no applications will be accepted, and no certificate/s will be issued without a response from your GP.**

Please ensure we receive the original form signed by the doctor and not a copy if the information is forwarded directly to yourself and you forward it to us.

Derbyshire Police Firearms Licensing does not pay for medical information required on your renewal application. We are now requiring applicants to ensure verification of their medical declaration as described to determine fitness to hold a certificate. Therefore, any cost incurred must be agreed and settled between you and your General Practitioner.

**You should forward your completed application at least 12 WEEKS PRIOR TO THE EXPIRY DATE in order to assist with the timely renewal of your certificate. If you fail to complete your application in good time or if your application is incomplete there will be a delay in processing your application. Derbyshire Police accept no responsibility for late applications.**

**PLEASE NOTE: It is entirely the certificate holder's responsibility to renew their certificate in a timely manner. In the event of a late or incomplete application you will be asked to lodge your weapon/s and ammunition either with a Registered Firearms Dealer or a person lawfully entitled to possess them before the expiry date on your existing certificate. If we receive your application AFTER your certificate expiry date, the application will be treated as a GRANT and a further fee will be incurred. Derbyshire Police will NOT issue a certificate without a response from your GP validating your medical declaration on your application form.**

**The maximum penalty for possessing a firearm without the appropriate authority is 6 months imprisonment or a fine up to £2000. Please note that no further reminder will be forwarded to you.**

Alternatively, if you wish to cancel your certificate please complete the following:

**I have sold/transferred my firearm(s) to:**

Name..... Certificate No. ....

Address.....

Details of weapons sold .....

.....

In the event that you wish to cancel please enclose your **original certificate**.

Thank you for your assistance.

Yours faithfully



Malcolm Bibbings  
Firearms and Explosives Licensing Manager  
Derbyshire Police.

**Your GP's Name:**

«Name»

**Address:**

«Address\_1»

«Address\_2»

«Address\_3»

**Postcode:**

«Address\_4»

«Address\_5»

«Address\_6»

«Postcode\_1» «Postcode\_2»

Dear Doctor

I wish to apply for a Firearms and/or Shotgun Certificate from Derbyshire Police. In order to do so, I am required to supply a factual medical report to Derbyshire Police which I am willing to pay for. Please forward an invoice to my home address.

The report will need to include whether or not I have **EVER** been diagnosed with or been treated for the following conditions/illnesses:

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma.
- Suicidal thoughts or self-harm.
- Depression or anxiety.
- Dementia.
- Mania, bipolar disorder or a psychotic illness, or a personality disorder.
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy.
- Alcohol or drug abuse.
- Any other mental or physical condition which you think may be relevant.

If there is a history of the above relevant medical conditions, could the report please include information with the following items; reasoning for medical condition, duration of medical condition, details of medication prescribed and how long for and any further presentations of the condition.

Furthermore, can I please request that only information relating to the relevant medical conditions impacting upon my suitability to possess a Firearm, Shotgun or Explosives are commented upon. The provision of a simple print out of my medical history will not be acceptable for this purpose.

The report should ideally to be forwarded to Derbyshire Police direct from the GP Practice by a secured NHS email to [GP.Reports-Firearms@Derbyshire.PNN.Police.UK](mailto:GP.Reports-Firearms@Derbyshire.PNN.Police.UK) or by sending via post addressed to the Firearms Licensing Dept, Derbyshire Police HQ, Butterley Hall, Ripley, Derbyshire.DE5 3RS

**Please be aware that unless the GP practice has a secure email address, the delivery to Derbyshire Police is an insecure connection via the public internet. Derbyshire Police cannot accept responsibility for any loss or inappropriate access to the email response before it reaches our secure network. You should agree with your patient how the details can be sent.**

Please note that Derbyshire Police do not seek your professional opinion as to my suitability to hold a Firearms/Shotgun licence, as this decision lies solely with them.

I would be grateful if you could expedite as soon as possible.

Yours sincerely,

«Name»



# Derbyshire Constabulary

## NOMINATED LAND / CLUB FORM

Please ensure that Section A is completed by the landowner/agent if you wish to shoot over land, **and/or** Section B if you are a member of a Home Office approved Club. This form is not a legal requirement but will assist in expediting your application.

### Section A – Nominated Land

**To be completed by the landowner/agent/occupier of the land on which you wish to shoot.**

Forename.....

Surname.....

Address.....

Telephone number.....

Mobile number.....

Name of land.....

Acreage.....

Calibre of firearms  
etc)

Reasons for use (Vermin/fox/ground game/deer  
etc)

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I hereby authorise (name of applicant) .....  
to shoot on my land as indicated.

Signed.....

Date.....

**Section B – Club confirmation of Membership/attendance.**

**To be completed by Club Secretary or Liaison Officer of Club.**

• I confirm that (name of applicant) .....

is a full member of (name of Club) .....

and has

completed the probationary period - if not then please insert date when  
probationary period will have been completed

.....

• Club specified minimum attendance? .....

• Has member met these? Yes/No (if no, please expand) .....

• Have club rules been observed? Yes/No (if no, please expand) .....

.....

• Individual calibres used by member during visits .....

• Name of Official completing form .....

(please print)

• Position of Official completing form .....

(please print)

• Full telephone contact details of Official completing form

.....

Signed .....

Date .....