

Date

**This application is to be filled in electronically and sent together with other application documents to:**  
[weapon-arlanda.stockholm@polisen.se](mailto:weapon-arlanda.stockholm@polisen.se)

**Applicant**

Date of birth	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Postal code	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number (mobile)	Email address	
<input type="text"/>	<input type="text"/>	
Country	Nationality	
<input type="text"/>	<input type="text"/>	

**Weapon**

Type of weapon	Make	Model	Caliber	Serial number	Ammunition quantity

**Inviter/Host**  Hunt  **Shooting competition**

Personal identity number	Surname	Given names
19550731-2733	Hermander	Tomas
Address	Postal code	City
Ringmursvägen 4	352 62	Växjö
Telephone number (mobile)	Email address	
+46-70-6231727	tomashermander@gmail.com	
Country	Nationality	
Sweden	Swedish	
Place of hunting/competition	Date of arrival	Latest day of departure
Lövåsens shooting range, Växjö, Sweden	260820	260825

**Attachment** (Attached along with the application and submitted electronically via email)

Invitation for hunt/competition
  A copy of the license to possess arms in the home country
  Copy of the European Firearms Pass

Place of arrival	Flightnumber	Time of arrival
<input type="text"/>	<input type="text"/>	<input type="text"/>