

Applicant

Personal identity number	Surname	Forename
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street name and number	Postcode	Town/city
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	Mobile number	E-mail address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Information regarding the firearms dealer for which the approval refers to

Company registration number	Company name	
<input type="text"/>	<input type="text"/>	
Street name and number	Postcode	Town/city
<input type="text"/>	<input type="text"/>	<input type="text"/>

The firearms dealer's signature / For a legal person; an authorised representative's signature

It is hereby confirmed that the applicant may be the firearms dealer's representative during test shooting for the specified firearms dealer

Date	Town/city	Signature
<input type="text"/>	<input type="text"/>	
Printed name		
<input type="text"/>		

Applicant's signature

Date	Town/city	Signature
<input type="text"/>	<input type="text"/>	
Printed name		
<input type="text"/>		

The Swedish Police Authority's notes

Amount paid SEK	Date	Sign
<input type="text"/>	<input type="text"/>	<input type="text"/>