

Date

This application is to be filled in electronically and sent together with other application documents to:
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"/>
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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postal code City
<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"/>	
Place of hunting/competition	Date of arrival	Latest day of departure
<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>