

Date

**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 manager of the specified firearms dealer*

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

**Applicant's signature**

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

**The Swedish Police Authority's notes**

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