

APPLICATION

for approval as a firearms dealer's representative during test shooting

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552.22

Applicant				
Personal identity number	Surname		Forename	Forename
Street name and number		Postcode	Town/city	
Phone number Mobile number	E-mail addres	is s		
,	'			
Information regarding the firearms de	ealer for which	the approva	al refers to	
Company registration number				
Street name and number		Postcode	Town/city	
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The firearms dealer's signature / For	a legal person;	an authoris	sed representative's signature	
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