## APPLICATION FORM FOR A TRANSITLICENSE FOR WEAPONS AND/OR AMMUNITION

Belastingdienst/Douane Groningen/ Centrale dienst voor in- en uitvoer Kempkensberg 12 Postbus 30003 9700 RD GRONINGEN Tel 0031 88 151 2122 Fax 0031 88 151 3182

1 Country of Shipment:	2 Country of destination:
3 Shipper	4 Consignee
A Arms merchant ☐ yes ☐ no	A Arms merchant ☐ yes ☐ no
в Name, firstname/Company name	B Name, firstname/Company name
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
M1	
c Place and date of birth	c Place and date of birth
D Address(of the company)	D Address(of the company)
E Passport/Identity card number	E Passport/Identity card number
	(include copy)
Fissued on issued by	Fissued on Issued by
·	
<b>G Country</b>	G Country
•	,
H Authorized to carry weapons/ammunition on the basis of	H Authorized to carry weapons/ammunition on the basis of
· · · · · · · · · · · · · · · · · · ·	(include copy)
nr. i Valid until	
nr. ¡ Valid until	nr.   Valid until
· · · · · · · · · · · · · · · · · · ·	
J Phone number Fax number	J Phone number Fax number
	κ Address of delivery
5 Weapons/Ammunition	<b> </b>
A Fill out as complete as possible	B Enclosure □ yes □ no
Number Kind Brand Type/style	Caliber Manufacture no CIP-testing Category of Net weight
	(Y/N) the line of
	sight (A/B/C/D)
6 Way of transportation	
A Transporter	B Departure date C Expected arrival date
	·
р By (way of transport)	E From (country/city)
F Via (route/border crossing point)	G County of transit
• • •	·
н) To (country/city)	VICE VERSA   YES   NO
7 Authorisation requested by A Art	ms merchant 🛘 yes 🖺 no
Name, firstname/Company name	c Place of birth Date of birth
nume, institution of the same	
D Address ZIP code	City Country
E Authorized to carry weapons/ammunition on the basis of	no. F Valid until
s Application completed truthfully.	н Signature
Date	