## **GUIDELINE ON APPLICATION FOR GUN LICENCE**

## **TYPES OF GUN LICENCE**

This section details the various types of Gun licences available under GEWCA and describes the specific activities authorised under each licence type.

| Gun Licence<br>Types  | Description   |  |  |  |  |  |
|-----------------------|---|--|--|--|--|--|
| Possession            | Authorises the holder to possess, carry and use specified gun, gun part or gun accessory. For individuals, typically limited to members of approved shooting clubs for sports shooting.   |  |  |  |  |  |
| Transport             | Permits the movement of guns between approved locations (e.g., from armoury to shooting range). Only issued to authorised entities who need to transport guns, such as licensed entities, shooting clubs or logistic companies specialised in gun transportation.   |  |  |  |  |  |
| Repair                | Allows holder to repair and maintain gun, gun part or gun accessory. Limited to qualified gun smiths or companies with technical expertise in gun maintenance and repair.   |  |  |  |  |  |
| Supply                | Authorises the sale, transfer, or distribution of gun, gun part or gun accessory to other licensed entities. Typically issued to approved arms dealers and distributors only.   |  |  |  |  |  |
| Armourer<br>(Storage) | Authorises secure storage of gun, gun part or gun accessory at approved premises with required security infrastructure like strong rooms and CCTV systems. Permits holder to store and maintain their own guns or on behalf of licensed entities (e.g., managing armouries for storage of guns. Requires specific qualifications. |  |  |  |  |  |
| Range                 | Permits operation of shooting ranges with proper safety measures, qualified range officers, and approved range designs. Limited to approved shooting clubs, gun training facilities, or paintball range.  |  |  |  |  |  |
| Dispose               | Allows for proper disposal of gun, gun part or gun accessory through approved methods. Only issued to qualified entities with proper disposal procedures.   |  |  |  |  |  |
| Pishose               | Qualified entities involving in melting, smelting or refining of metals or operating an incinerator or any plant, machinery or apparatus used for the processing and recycling or treatment of industrial waste are class licensed.   |  |  |  |  |  |
| Manufacture           | Permits production of gun, gun part or gun accessory under strict controls. Highly restricted - only issued to approved manufacturers with comprehensive security and quality control measures.   |  |  |  |  |  |

| Gun Licence<br>Types | Description  |  |  |  |  |
|----------------------|--|--|--|--|--|
|                      | Permits to import or export gun, gun part or gun accessory. Typically issued to licensed arms dealers and distributors only. |  |  |  |  |

## TYPE OF STORAGE REQUIREMENTS FOR GUNS

2 The table below shows the requirement for storage for guns.

| Type of Guns                             | Required Storage                              |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Firearms (e.g Rifles, Pistols, Shotguns) | Armoury                                       |  |  |  |  |  |
|  | APO escort is required for Transport          |  |  |  |  |  |
| Air Guns (Air rifles, Air Pistols)       | Air Weapon Armoury                            |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Airsoft Guns                             | Air Weapon Armoury /                          |  |  |  |  |  |
| (Airsoft guns, Airsoft rifles)           | Safe with CCTV and Intrusion Detection System |  |  |  |  |  |
| Dart guns / Tranquilizer guns            | Safe / Strong Cabinet with CCTV, Intrusion    |  |  |  |  |  |
|  | Detection System                              |  |  |  |  |  |
| Paintball guns                           | Strong Cabinet with CCTV, Intrusion Detection |  |  |  |  |  |
|  | System  |  |  |  |  |  |

## **DOCUMENTS REQUIRED TO SUPPORT APPLICATION**

When applying for Gun licence, the following supporting documents must be uploaded to support the application.

A. MANDATORY DOCUMENTS (Required for ALL Licence Types)

| No. | o. Document Required Information   |   |  |  |  |  |
|-----|------------------------------------|---|--|--|--|--|
| 1.  | Company Letter                     | <ol> <li>Company's business profile and principal activities</li> <li>Reason for licence application</li> <li>Explain why gun Licence is required</li> <li>Detailed description of processes/usage</li> <li>For renewals: Confirm any changes in operations</li> </ol>  |  |  |  |  |
| 2.  | Gun Information                    | Product specifications     Brochures  |  |  |  |  |
| 3.  | Layout Plan                        | Storage location details     Items stored together with guns     Types of activities being carried out  |  |  |  |  |
| 4.  | Safety & Security<br>Documentation | Safety Management Plan     Security Plan     (Refer to guidelines on putting up of Safety and Security plans)     Security Plan     (Refer to guidelines on putting up of Safety and Security plans)     Security Plans     Fire incidents     Fire incidents     Explosion     Other safety/security incidents |  |  |  |  |

| No. | Document               | Required Information   |  |  |  |
|-----|------------------------|--|--|--|--|
| 5.  | Staff Training Records | <ol> <li>Details of training methods (external/in-house)</li> <li>Training records/certification</li> <li>Briefing records</li> <li>Training attendance records</li> <li>For employees handling guns: Security clearance through GoBusiness Website</li> </ol> |  |  |  |

## **B. SPECIFIC REQUIREMENTS BY LICENCE TYPE**

| No. | Licence Type                 | Additional Documents Required   |  |  |  |  |  |  |
|-----|------------------------------|---|--|--|--|--|--|--|
| 1.  | Manufacture                  | 1. Layout plan showing:  • Manufacturing areas  • Storage locations  • Safety equipment locations  2. Manufacturing process documentation  3. Risk assessment specific to manufacturing   |  |  |  |  |  |  |
| 2.  | Supply                       | 1. Layout plan showing:  • Storage areas  • Handling areas  2. Inventory management procedures  |  |  |  |  |  |  |
| 3.  | Possess                      | <ol> <li>No objection Letter Shooting Club / Organisation Supporting the application</li> <li>Letter of Transfer if taking over another licensee's gun</li> <li>Certification of No Criminal Conviction for Foreigners</li> <li>Medical Report Form for Applicants above 60 years old (attached under Appendix)</li> </ol>  |  |  |  |  |  |  |
| 4.  | Transport                    | <ol> <li>Route of transportation details</li> <li>Safety and security management plan for movements</li> <li>For APO escort (if required):         <ul> <li>Deployment details</li> <li>Security arrangements</li> </ul> </li> </ol>  |  |  |  |  |  |  |
| 5.  | Armoury and Range<br>Licence | <ol> <li>Land use approval</li> <li>Layout plan showing:         <ul> <li>Boundaries of premises</li> <li>Shooting arena/paintball game area</li> <li>Points of issuance</li> <li>All entrances/exits</li> <li>Access control types</li> </ul> </li> <li>Operations Procedures and Directives         <ul> <li>Enhanced security measures documentation</li> <li>Screening procedures</li> <li>Qualified coach certifications</li> <li>Firearm handling procedures</li> </ul> </li> </ol> |  |  |  |  |  |  |

| No. | Licence Type | Additional Documents Required  |  |  |
|-----|--------------|--|--|--|
| 6.  | Dispose      | Disposal methodology     Safety procedures     Environmental protection measures     Disposal location details |  |  |

#### C. FOR RENEWAL APPLICATIONS

| No. | Requirement      | Details  |  |  |  |  |
|-----|------------------|--|--|--|--|--|
| 1.  | Records Required | <ol> <li>Inventory records</li> <li>Transaction records</li> <li>Updated staff training records</li> <li>Incident reports (if any)</li> <li>Any operational changes</li> </ol> |  |  |  |  |

#### **GUN POSSESSION LICENCE APPLICATIONS**

## <u>POSSESSION OF FIREARMS OR AIR WEAPONS FOR SPORTING PURPOSES AT APPROVED</u> SHOOTING CLUBS

- The criteria for the issue of Licence to Possess Guns for Sporting Purposes is as follows:
  - a. The applicant must be a member of a shooting club registered in Singapore;
  - b. He must maintain a good attendance with the shooting club he belongs to;
  - c. He must undergo a proficiency test on the use and handling of the type of guns he is applying licence for;
  - d. The guns applied for is solely used for sporting purposes at approved shooting range;
  - e. All guns must be stored in the approved armoury at the shooting club;
  - f. The applicant must obtain the approval and support from his shooting club and the operator of the armoury and shooting range to use and store the guns he is applying licence for.
- For shooting club members without their own guns, they will have to apply for a "Possess-Use Licence" to use the common pool guns licensed to their shooting.

# <u>POSSESSION OF GUNS FOR ENTERTAINMENT SUCH AS AIRSOFT AND PAINTBALL</u> SHOOTING ACTIVITIES

- The criteria for the issue of Licence to Possess Guns for entertainment purposes such as airsoft gun shooting club or Paintball Games is as follows:
  - a. The applicant must obtain prior approval for the venue for the range and storage of the airsoft / paintball guns to provide the entertainment activities;
  - b. The applicant must submit a plan with details of the proposed security and safety measures of the playing field and proposed storage;
  - c. The airsoft / paintball guns must be kept securely in the storage at the approved location when not in use;
  - d. Armoury Licence and Range licences will also be applicable under the GEWCA.

## POSSESSION OF SPEARGUN FOR SPEARFISHING

- 7 The criteria for the issue of Licence to Possess Guns for possession of speargun is as follows:
  - a. The use of speargun is strictly for the purpose of spearfishing in Singapore waters or to be brought overseas for spearfishing trips;
  - b. When not in use, the speargun must be securely kept in storage premises approved by the Licensing Officer;
  - c. The applicant must ensure that the safety measures are taken when using the speargun for spearfishing activities
  - d. The applicant is responsible to ensure that any other approval or licence from other relevant authority is obtained to carry out any spearfishing activities with the licensed speargun; and

# GUNS, EXPLOSIVES AND WEAPONS CONTROL ACT 2021 MEDICAL EXAMINATION FORM FOR GUN LICENCE APPLICATION

| PART A – Particulars of Ap   | plicant                     |                         |       |         |              |                |                 |
|--|-----------------------------|-------------------------|-------|---------|--------------|----------------|-----------------|
| Application / Licence No:  |                             |                         |       |         |              |                |                 |
| Name of Applicant:   |                             | NF                      | RIC / | FIN No: |              |                |                 |
| Date of Birth:   |                             |                         | Co    | ontact  | Number:      |                |                 |
| Address:   |                             |                         |       |         |              | •              |                 |
| PART B – To be Completed by The Medical Practitioner is to a Practitioner will then tick ✓ in the necessary.     | ask the applicant on the    |                         |       |         |              |                |                 |
|  |                             |                         |       |         |              |                | 'YES' or 'No'   |
| Have you any history of or a  1. Nervous or mental troub   |                             | Yes                     | No    | 0       | Medical Ex   | aminer's Ren   | narks           |
| Nervous or mental troub  | ne                          |                         |       |         |              |                |                 |
| 2. Severe headache or mig  | graine                      |                         |       |         |              |                |                 |
| 3. Fits or convulsion of any   | / kind                      |                         |       |         |              |                |                 |
| 4. Fainting attacks or giddi   | ness                        |                         |       |         |              |                |                 |
| 5. Head injury or concussion   | on                          |                         |       |         |              |                |                 |
| 6. Eye trouble of any kind   |                             |                         |       |         |              |                |                 |
| 7. Colour blindness  |                             |                         |       |         |              |                |                 |
| 8. Difficulty in seeing in the   | e dark                      |                         |       |         |              |                |                 |
| 9. Deafness  |                             |                         |       |         |              |                |                 |
| 10. Asthma   |                             |                         |       |         |              |                |                 |
| 11. Heart Disease, weak or   | strained heart              |                         |       |         |              |                |                 |
| 12. Palpitations or breathles  | ssness                      |                         |       |         |              |                |                 |
| 13. Physical or mental disal   | oility                      |                         |       |         |              |                |                 |
| 14. Have you undergone ar  | y surgical operations       |                         |       |         |              |                |                 |
| 15. Any illness or injuries no   | ot mentioned above          |                         |       |         |              |                |                 |
| I hereby declare that I have care complete and correct. I further cand I give my consent to the eattended to me. | leclare that I have not wit | hheld any               | relev | ant inf | ormation, ma | ade any mislea | ding statements |
| Signature of Applicant:  |                             | Signature<br>Practition |       | Medi    | cal          |                |                 |
| Date:  | ١                           | Name                    | of    | Medi    | cal          |                |                 |

Practitioner:

| Name of Applicant: |   |   |             | tion / Li | cence No:    |   |
|--------------------|---|---|-------------|-----------|--------------|---|
|                    | C – General Medical E   | ,   | •           | -         |              | · ·   |
| 1 1003             | Please tick ✔ in the appropriate box for "Yes" or "No" a<br>آ |   |             |           |              | riate column for 'YES' or 'No'  |
|                    |   |   |             | No        |              | xaminer's Remarks   |
| 1.                 | Any deformities and/c observed                                | r physical disabilities                         |             |           |              |   |
| 2.                 | Any evidence of wound   | s injuries or operations                        |             |           |              |   |
| 3.                 | Any abnormality of mov  | rement of the joints                            |             |           |              |   |
| 4.                 | Any evidence of abno  | mality of the nervous                           |             |           |              |   |
| 5.                 | Any evidence of psychi  | atric disorder                                  |             |           |              |   |
| 6.                 | Heart: Any evidence cardio-vascular system                    |   |             |           |              |   |
| 7.                 | Any defect of hearing   |   |             |           |              |   |
| 8.                 | Does the applicant sl<br>being addicted to the ex<br>or drug  |   |             |           |              |   |
| 9.                 | Is there defect of vis  | ons, including colour                           |             |           |              |   |
|                    | Do you consider ap glasses when using gu                      | n?  |             |           |              |   |
|                    | Visual Acuity for distance:                                   | Without / With*<br>glasses                      | RE:         |           | •            | LE:   |
|                    | Near Vision:  | Without / With*<br>glasses                      | RE:         |           |              | LE:   |
| 10.                | Blood pressure:   | Systolic:                                       |             |           | Diastolic:   |   |
|                    | Are the blood pressure regards to the applican                |   |             |           |              |   |
|                    |   |   | ctory if it | is below  | 6/12 with on | e eye and 6/36 the other eye,   |
| 11.                | ·   | the Medical Practition                          | er:         |           |              |   |
|                    | ·   |   |             |           |              |   |
|                    |   |   |             |           |              |   |
|                    | D – Overall Result of N                                       | Modical Examination (                           | To be C     | omplete   | d by Madia   | al Practitioner\  |
|                    |   | ·   |             | •         | •            | ,   |
| above              | n me his/her Identity Card<br>are correct to the best of      | d which bears the same<br>of my knowledge and b | name g      | jiven on  | this form. T | ed on page 1. He/She* has<br>The answers to the questions<br>s and medical examination, l |
| iina tr            | ne applicant physically ar                                    | •   | / UNFIT     |           |              |   |
|                    | to handle gun(s) for w  | hich he/she is seeking                          |             | cence o   | r renewal of | f an existing licence.  |
| Sian               | ature   |   |             | Date      | e:           |   |
|                    | ne of Medical Practitioner                                    |   |             |           | itact No:    |   |
| Nam                | ne and Address of Hospit                                      | al  |             | 1 001     |              |   |
| / Clii             | nic   |   |             |           |              |   |

(\*Delete where applicable)