

Aanvraagformulier consent tot binnenkomen voor wapens en munitie die:

- 1. in het vrije verkeer van de EU worden gebracht
- 2. onder de douaneregeling tijdelijke invoer of actieve veredeling worden gebracht
- 3. worden overgebracht en opgeslagen onder douaneverband¹ of weder uitgaan naar een EU-lidstaat
- 4. afkomstig zijn uit het vrije verkeer van een EU-lidstaat
- 5. afkomstig zijn uit het vrije verkeer van een EU-lidstaat en vervolgens weder uitgaan naar een EU-lidstaat

¹⁾ Douaneverband = tijdelijke douaneopslag en de douaneregelingen douanevervoer, douane-entrepot, behandeling onder douanetoezicht

1 Country of Origin: <hr/> 3 Shipper A Arms merchant <input type="checkbox"/> yes <input type="checkbox"/> no B Name, firstname/Company name C Place and date of birth D Address(of the company) E Passport/Identity card number F Issued on Issued by G Country H Authorized to carry weapons/ammunition on the basis of nr. i Valid until J Phone number Fax number <hr/> 5 Weapons/Ammunition A Fill out as complete as possible <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Number</th> <th style="width: 15%;">Kind</th> <th style="width: 15%;">Brand</th> <th style="width: 15%;">Type/style</th> <th style="width: 10%;">Caliber</th> <th style="width: 10%;">Manufacture no</th> <th style="width: 10%;">CIP-testing (Y/N)</th> <th style="width: 10%;">Category of the line of sight (A/B/C/D)</th> <th style="width: 10%;">Net weight</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table>	Number	Kind	Brand	Type/style	Caliber	Manufacture no	CIP-testing (Y/N)	Category of the line of sight (A/B/C/D)	Net weight										2 Country of destination: <hr/> 4 Consignee A Arms merchant <input type="checkbox"/> yes <input type="checkbox"/> no B Name, firstname/Company name C Place and date of birth D Address(of the company) E Passport/Identity card number <div style="text-align: right;">(include copy)</div> F Issued on Issued by G Country H Authorized to carry weapons/ammunition on the basis of <div style="text-align: right;">(include copy)</div> nr. i Valid until J Phone number Fax number K Address of delivery <hr/>
Number	Kind	Brand	Type/style	Caliber	Manufacture no	CIP-testing (Y/N)	Category of the line of sight (A/B/C/D)	Net weight											
6 Way of transportation A Transporter D By (way of transport) F Via (route/border crossing point) H) To (country/city)	B Departure date C Expected arrival date E From (country/city) G County of transit 																		
7 Authorisation requested by A Arms merchant <input type="checkbox"/> yes <input type="checkbox"/> no B Name, firstname/Company name D Address ZIP code E Authorized to carry weapons/ammunition on the basis of G Application completed truthfully. Date	c Place of birth Date of birth City Country no. F Valid until H Signature																		