

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

<b>1 Country of Origin:</b>	<b>2 Country of destination:</b>																										
<b>3 Shipper</b> 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  I nr.                                  i Valid until  J Phone number                      Fax number  	<b>4 Consignee</b> 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> I nr.                                  i Valid until  J Phone number                      Fax number  K Address of delivery  																										
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