



Important

- Read the general information and instructions.
- Fill out **all sections** of the form in print, in **black** or **blue** ink.
- Fill out sections 1 to 5.
- Include a copy of a valid document allowing us to establish your identity only if you have not filled out boxes 12 or 13.
- **Sign** and **date** section 3.

Send the application by mail at:
Service d'immatriculation des armes à feu
du Québec
2535, boulevard Laurier
Québec (Québec) G1V 5C6

Section 1: Information on the owner

1. Last name BOUCH		2. First name MARTHA	
3. Home address (number, street) HSE 216 QAQQALIK ST.		4. City SALLUIT	
5. Province QUEBEC		6. Postal code J0M1S0	
8. Area code 91912551234		7. Country CANADA	
10. Date of birth Year: 1984 Month: 10 Day: 10		9. Area code Fax, if applicable	
11. Email, if applicable BOUCHM@GMAIL.COM			

Section 2: Proof of your identity

To allow us to establish your identity, **choose just one of the identification methods set out below.**

- Your Firearm Possession and Acquisition Licence number (PAL);
→ If you choose this option, fill out box 12.
- The number of registration of your birth in the Québec register of civil status (NIREC);
→ If you choose this option, fill out box 13.
- A valid identity document.
- If you choose this option, include a copy of a valid identity document with your application. Refer to the general information for a list of accepted documents.

12. Firearm Possession and Acquisition Licence number 	This number can be found on the firearm Possession and Acquisition Licence issued by the Royal Canadian Mounted Police (Chief Firearms Officer).
13. Number of registration of your birth in the Québec register of civil status 1 1 9 6 8 0 4 1 1 8 3 4 5	This number can be found on the bottom left of the birth certificate or copy of the act of birth issued by the Directeur de l'état civil.

Section 3: Consent

14.

I solemnly declare that, to my knowledge, the information provided is accurate, and I hereby authorize the Service de l'immatriculation des armes à feu du Québec to check my identity based on the information I have provided with the Royal Canadian Mounted Police, Directeur de l'état civil or any other organization concerned.

X *Martha Bouch*
Mandatory signature of owner

15. Date

Year: **2019** | Month: **10** | Day: **25**

Make your registration application online!

If you need to register more than one firearm, we highly recommend using our online service. It's easier, faster and effective.

www.siaf.gouv.qc.ca



Section 4: Owner information

16. Last name **BOUCH** 17. First name **MARTHA** 18 Date of birth Year **1918** Month **10** Day **10**

Section 5: Information on the firearm

19. Type Shotgun Rifle Other. Specify: _____

20. Make **SAVAGE**

21. Model **340 SERIES E**

22. Action Break Bolt Lever Pump Semi-automatic Cylinder Other. Specify: _____

23. Calibre **22 Hornet** 24. Barrel length _____ mm _____ in

25. Serial number **C069524** 26. Other number _____ 27. Unique firearm number (UFAN) _____

28. Place of storage of firearm (enter one location per firearm)
 Same as your home address (if applicable, do not reenter it here) Other address (if applicable, fill out boxes 29 to 33)

29. Place of storage of firearm address (number, street) Apartment _____ 30. City _____

31. Province **Québec** 32. Postal code _____ 33. Country **Canada**

Fill out boxes 34 to 36 only if the firearm's place of storage does not have a civic address.

34. Latitude (decimal format) _____ 35. Longitude (decimal format) _____

36. Municipality _____

37. Type Shotgun Rifle Other. Specify: _____

38. Make _____

39. Model _____

40. Action Break Bolt Lever Pump Semi-automatic Cylinder Other. Specify: _____

41. Calibre _____ mm _____ in

42. Barrel length _____

43. Serial number _____ 44. Other number _____ 45. Unique firearm number (UFAN) _____

46. Place of storage of firearm (enter one location per firearm)
 Same as your home address (if applicable, do not reenter it here) Other address (if applicable, fill out boxes 47 to 51)

47. Place of storage of firearm address (number, street) Apartment _____ 48. City _____

49. Province **Québec** 50. Postal code _____ 51. Country **Canada**

Fill out boxes 52 to 54 only if the firearm's place of storage does not have a civic address.

52. Latitude (decimal format) _____ 53. Longitude (decimal format) _____

54. Municipality _____

Make a copy of this page as needed.