



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 ODINSON	2. First name THOR			
3. Home address (number, street) 4065 SAINT-DENIS ST	4. City MONTREAL	6. Postal code H2W2M7	7. Country CANADA	
5. Province QUEBEC	9. Area code 514	Fax, if applicable		
8. Area code 354	11. Email, if applicable THOROD@YAHOO.COM			
10. Date of birth Year: 1996 Month: 06 Day: 14				

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	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 Thor Odinson Mandatory signature of owner

15. Date
Year: **2019** Month: **01** 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 **ODINSON** 17. First name **THOR** 18 Date of birth Year **1996** Month **06** Day **14**

Section 5: Information on the firearm

19. Type
 Shotgun Rifle Other. Specify: _____
 20. Make **SAVAGE**
 21. Model **99 E**
 22. Action
 Break Bolt Lever Pump Semi-automatic Cylinder Other. Specify: _____
 23. Calibre **250 SAVAGE** 24. Barrel length _____ mm _____ in
 25. Serial number **E132458** 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 **KUUSUAQ**
Hse # 631 AKIANUT STREET
 30. City **SOMILCO** 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 _____ 42. Barrel length _____ mm _____ in
 43. Serial number _____ 44. Other number _____ 45. Unique firearm number (UFAN) _____

Firearm

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.

Québec

Permis de conduire

T6081 - 140696 - 05



Thor Odinson

4d
1 ODINSON
2 THOR
3 Date de naissance (A-M-J) : 1996-06-14
8 4065 RUE SAINT-DENIS
MONTREAL
(QC) H2W 2M7
9 Classe(s) : 5
12 Cond. : **Aucune**
15 Sexe : **M**
16 Taille (cm) : 186
18 Yeux : **BRUN**
5 N° de référence : **P F 4 H 6 A T 4 8**
4a **Valide le 2013-05-03** 4b **Expire le 2018-06-14**
Paiement exigé chaque année à votre date
anniversaire de naissance