

**Form 19**  
**APPLICATION FOR A CERTIFICATE OR EXEMPTION**  
(reg. 21)  
REPUBLIC OF BOTSWANA  
ARMS AND AMMUNITION ACT  
(Cap. 24:01)

(To be made to the Licensing Officer in duplicate)

1. Surname .....ID/Passport No.....
2. Other names .....
3. Residential Address .....
4. Age .....5. Nationality .....
6. Arms for which certificate is required:  
Type .....Calibre .....Serial No. ....  
Manufacturer's name .....
- Registration Certificate No. ....
- Note: Registration Certificate, to be attached.

I hereby declare that the arm(s) to which this application relates is, through reason of age/wear and tear, incapable of being fired without substantial repair and apply for a certificate of exemption in respect of such arms accordingly.

The arm to which the application relates must be presented to the Licensing Officer together with this application.

Date .....  
Signature or Right Thumb Print

Condition of arm on examination and Licensing Officer's opinion:  
.....  
.....  
.....

Place .....  
Approved/not approved (reasons where necessary)  
.....  
.....

Date Stamp: .....  
Signature of Licensing Officer

Exemption Certificate No. .... Dated .....