

Information on minor

Name	Personal identification number
------	--------------------------------

Licenses

My consent for permitting following licenses:				
Passport	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Identity Card	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Firearms permit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Explosives Precursor Licence	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Signatures of guardians

Name	Personal identification number
Date, place and signature	
Name	Personal identification number
Date, place and signature	

Carefully fill the form. Incomplete information may slow down the process.