Belastingdienst/Douane Groningen/
Centrale dienst voor in- en uitvoer
Kempkensberg 12
Postbus 30003
9700 RD GRONINGEN
Tel 0031 88 1512122
Fax 0031 88 1513182

APPLICATION FORM FOR A TRANSITLICENSE FOR WEAPONS AND/OR AMMUNITION

1 Country of Origin:

2 Country of destination:

3 Shipper

A Arms merchant ☐ yes ☐ 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
nr. i Valid until
J Phone number Fax number

4 Consignee

A Arms merchant ☐ yes ☐ no
B Name, firstname/Company name
C Place and date of birth
D Address(of the company)
E Passport/Identity card number (include copy)
F Issued on Issued by
G Country
H Authorized to carry weapons/ammunition on the basis of (include copy)
nr. i Valid until
J Phone number Fax number
K Address of delivery

5 Weapons/Ammunition

A Fill out as complete as possible B Enclosure ☐ yes ☐ no

Number	Kind	Brand	Type/style	Caliber	Manufacture no	CIP-testing (Y/N)	Category of the line of sight (A/B/C/D)	Net weight

6 Way of transportation

A Transporter B Departure date C Expected arrival date
D By (way of transport) E From (country/city)
F Via (route/border crossing point) G County of transit
H) To (country/city) **VICE VERSA** ☐ YES ☐ NO

7 Authorisation requested by A Arms merchant ☐ yes ☐ no

B Name, firstname/Company name C Place of birth Date of birth
D Address ZIP code City Country
E Authorized to carry weapons/ammunition on the basis of no. F Valid until
G Application completed truthfully. Date H Signature