

**COMPLETION OF THESE SECTIONS, AS APPROPRIATE, WILL GREATLY ASSIST IN PROCESSING YOUR FIREARM CERTIFICATE**

**REMOVAL of SUPERVISORY CONDITION.  
To be completed by the Competent Accompanying Shooter(s)**

**SUPERVISOR: Name.....D.O.B.....**

**Licence Number: .....Mobile.....**

**SUPERVISED: Name .....D.O.B.....**

**Licence  
Number:.....Mobile.....**

**EVIDENCE OF EXPERIENCE.**

Weapon Type/ Calibre used: .....  
**Vermin:** Species, Number Culled: .....

Weapon Type/Calibre used: .....  
**Fox:** Number Culled: .....

Weapon Type/Calibre used: .....  
**Deer:** Species/Sex, Number Culled:.....

Weapon Type/Calibre .....  
**Wild Boar:** Number Culled: .....

**Date(s) and places accompanied:** .....  
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(Please continue on separate sheet if required.)

**I have supervised (insert name) .....and In my opinion is both safe and his/her weapon handling and accuracy, is to a standard where it would not cause a danger to the public or the peace. I would support the removal of his/her supervisory condition.**

Signature.....Date.....

**(PLEASE COMPLETE ALL SECTIONS)  
For any advice please contact Greater Manchester Police Firearms Licensing Department  
on Tel 0161 856 0820**