

Date

**This application is to be filled in electronically and sent together with other application documents to:**  
[weapon-arlanda.stockholm@polisen.se](mailto:weapon-arlanda.stockholm@polisen.se)

**Applicant**

Date of birth	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Postal code	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number (mobile)	Email address	
<input type="text"/>	<input type="text"/>	
Country	Nationality	
<input type="text"/>	<input type="text"/>	

**Weapon**

Type of weapon	Make	Model	Caliber	Serial number	Ammunition quantity

**Inviter/Host**  **Hunt**  **Shooting competition**

Personal identity number	Surname	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Postal code	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number (mobile)	Email address	
<input type="text"/>	<input type="text"/>	
Country	Nationality	
<input type="text"/>	<input type="text"/>	
Place of hunting/competition	Date of arrival	Latest day of departure
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Attachment** (Attached along with the application and submitted electronically via email)

 Invitation for hunt/competition  A copy of the license to possess arms in the home country  Copy of the European Firearms Pass

Place of arrival	Flightnumber	Time of arrival
<input type="text"/>	<input type="text"/>	<input type="text"/>