

Date

This application is to be filled in electronically and sent together with other application documents to:
weapon-arlanda.stockholm@polisen.se

Applicant

Date of birth	Surname	Given names
Address		Postal code City
Telephone number (mobile)	Email address	
Country	Nationality	

Weapon

Type of weapon	Make	Model	Caliber	Serial number	Ammunition quantity

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

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

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