



Request for private armed guards onboard Luxembourg flagged vessels – for delivery of weapons certificates

A) Vessel

1. Name	2. Call sign
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. IMO number	
<input style="width: 100%;" type="text"/>	

B) Captain

1. Given name(s)	2. Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. Date of birth	
<input style="width: 100%;" type="text"/>	

C) Private security company

1. Full name (as officially registered / licensed in its home country)	<input style="width: 100%;" type="text"/>
2. Contact details (Address, Tel, Fax, Email)	<input style="width: 100%;" type="text"/>

Attach: Copy of valid licence, 1 per year for following missions

D) Security agents

	Given name(s)	Name	Date of birth	Returning agent (*)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

(Attach separate list if more than 10 agents)

(*) during current calendar year

Attach (separated files, 1 per agent):

- Copy of valid passport (not for returning agents)
- CV (not for returning agents),
- Recent copy of criminal/police record (for returning agents, 1 report per year),
- Updated training record (for returning agents, 1 report per year).

E) Weapons

	Make	Model	Calibre	Serial Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

(Attach separate list if more than 10 weapons)

Attach : **Proof of Ownership/Licence for all the weapons**
(N.B.: full automatic weapons are not allowed!)

F) Voyage: harbour/country (embarkation of armed guards to disembarkation)

1. Departure	2. Arrival

G) Dates (allow some extra days for unforeseen delays)

1. From	2. To

Conditions under which certificates will be delivered:

1. Each of the above mentioned persons has to be able to present a copy of the certificate at any given time when bearing one of the listed firearms.
2. Firearms and ammunition have to be stored on-board the vessel under such conditions that unauthorised person – other persons as those mentioned above – do not gain access to them.
3. The boxes or rooms used for the storage of the firearms and the ammunition have to correspond to the standards ENV 1627 WK4 and, for rooms with windows, EN 356 P5B, or any other equivalent standards. Firearms have to be stored unloaded.
4. At least one of the above mentioned authorised persons has to be present on board the vessel, as long as at least one firearm is stored on board.
5. The firearms may only be used by the aforementioned persons for legitimate self-defence reasons in case of pirate attacks, according to articles 416 and 417 of the Luxembourg Penal Code.
6. The authorisation is only valid for the period of time specified by the certificate.

Comments :

Name of undersigned :

Title :

Company :

Signature :