

CRIMINAL JUSTICE ACT 1994

RESIDENT PERSONAL CUSTOMERS : CERTIFICATION OF IDENTITY

SECTION 1	DECLARATION OF APPLICANT
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Name _____

Address _____

Please sign in a Garda Station in the presence of a Garda

Signature of Applicant _____

If the applicant is unable to sign, a parent/guardian should sign here _____

SECTION 2	CERTIFICATE OF IDENTITY
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Please have this Section completed at a Garda Station by a member of An Garda Siochana

I certify that I have satisfied myself as to the identity of the applicant who has signed Section 1 above in my presence. I also certify that the photograph (on the back of which I have signed my name and affixed the Station Stamp) supplied with this application is a true likeness of the applicant.

Signature of the Garda _____

Name (in block letters) _____

Rank _____

Garda Number _____ Date _____

Garda Station _____

Telephone Number(including Area Code) _____

