

License to transfer firearms between countries through Iceland

Applicant and owner of firearm

Name	Birthday and year	
Address	Nationality	
Address while staying in Iceland	Phone	Email

Firearm you travel with

Identity number (if applicable)	Factory name	Model name	Serial number:
Type	Caliber	Lock type	
	Magasin capacity		

Ammunition that is travelled with

Factory name	Country of origin	Year	Type	Size	Amount
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Arrival, departure and transport route

Arrival date	Transport route at arrival <input type="checkbox"/> By mail <input type="checkbox"/> By air <input type="checkbox"/> By sea	City of arrival
Departue date	Transport route at departure <input type="checkbox"/> By mail <input type="checkbox"/> By air <input type="checkbox"/> By sea	City of departure

Comments and explanations from applicant

Additional things needed

- ☐ Short term exportion license from home country
- ☐ Confirmation that you are owner of the firearm

Place _____ Date ____/____/____

Undirskrift LRH _____