**Application for a license to carry weapons**

This form is to be sent to visits.protocol@diplobel.fed.be

Embassy:

Permanent Representation:

* To the European Union
* To NATO

Phone number/ Mobile:

E-mail:

Name and contact information of the contact person at the Embassy:

Name and function of the VIP :

Date and time of arrival of the VIP :

Date and time of departure of the VIP:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Security agent 1 | Security agent 2 | Security agent 3 | Security agent |
| Last name and first name |  |  |  |  |
| Date of birth |  |  |  |  |
| Grade / function (e.g. inspector / team leader) |  |  |  |  |
| Passport number |  |  |  |  |
| Brand / type of weapon |  |  |  |  |
| Serial number of the weapon |  |  |  |  |
| Caliber |  |  |  |  |
| Number of cartridges / ammunition  |  |  |  |  |

Seal of the Diplomatic Mission + date and signature