

CHARACTER REFERENCE

Details of the person giving the testimonial

FULL NAME: _____ DATE: _____

ID NUMBER: _____

ADDRESS: _____

TEL (W): _____ CELL: _____

ABOUT THE APPLICANT

What is your relationship with the applicant? (Choose one)

Spouse Partner Family Member Friend Neighbour Work Colleague

How long have you known the applicant? (Years and/or months)

ANSWER YES OR NO

In your opinion, would you say the applicant is capable of possessing a firearm?		To your knowledge, does the applicant abuse alcohol?	
To your knowledge, is the applicant addicted to drugs (prescribed or other)?		From your experience, would you say that the applicant deals with conflict situations calmly and keeps their emotions under control?	

Is there any other reason or statement you could supply that would support your testimonial?

SIGNATURE: _____

SIGNED AT: _____