

**S.I. 2010 No. 146**

**Firearms Act**  
**Cap. 179**

**FIREARMS (LICENSING) (FORMS AND FEES)**  
**(AMENDMENT) REGULATIONS, 2010**

The Minister, in exercise of the powers conferred on him by section 32 (1)(a) and (e) of the *Firearms Act*, makes the following Regulations:

1. These Regulations may be cited as the *Firearms (Licensing) (Forms and Fees) (Amendment) Regulations, 2010*.

2. The Schedules to the *Firearms (Licensing) (Forms and Fees) Regulations, 2003* are revoked and the Schedules set out in the *Schedule* to these Regulations are substituted.

S.I. 2003  
No. 120.  
Schedule.

## SCHEDULE

*(Regulation 2)*

## "FIRST SCHEDULE

## FORM A

*(Section 5(1))**(Regulation 2)***APPLICATION FOR A LICENCE TO POSSESS,  
CARRY OR USE A FIREARM**

Place passport-size photograph  
of holder here.

1. Full name (Mr./Mrs./Miss): \_\_\_\_\_
2. If you have at any time used a name other than that stated at 1, please give details and in the case of a married women, please state the surname or surnames before marriage: \_\_\_\_\_
3. Date of birth: \_\_\_\_\_
4. Place of birth: \_\_\_\_\_
5. Nationality: \_\_\_\_\_
6. If you are not a citizen or permanent resident of Barbados, please provide details of the following:
  - (a) the date of arrival in Barbados \_\_\_\_\_
  - (b) the purpose of visit: \_\_\_\_\_
  - (c) the conditions of stay in Barbados: \_\_\_\_\_
  - (d) the passport number and date of issue of the passport: \_\_\_\_\_

FIRST SCHEDULE – *Cont'd*

FORM A – *Cont'd*

7. Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_
8. If you have lived elsewhere other than at the address given at 7 during the last 5 years, please give details: \_\_\_\_\_  
\_\_\_\_\_
9. Occupation: \_\_\_\_\_
10. Name and address of place of employment or business: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Length of time employed there: \_\_\_\_\_
11. Have you now or ever had any form of mental disorder? Yes No  
If “yes” give details:    
\_\_\_\_\_  
\_\_\_\_\_
12. Have you ever been certified as being of unsound mind? Yes No
13. Do you suffer from habitual intoxication? Yes No
14. Are you an alcoholic? Yes No
15. Have you ever been convicted of an offence? Yes No  
If “yes” give details:    
\_\_\_\_\_  
\_\_\_\_\_

(You are required to disclose all information of an offence except offences expunged under the Criminal Records (Rehabilitation of Offenders) Act, Cap. 127A, whether committed in Barbados or elsewhere.)

**STATUTORY INSTRUMENT**

FIRST SCHEDULE - *Cont'd*

**FORM A - *Cont'd***

16. Description of the firearm to which this application refers:

Manufacturer	Country of origin	Type	Calibre or Gauge	Serial No.	Any other distinctive or identifying marks

17. Reasons for this application: \_\_\_\_\_

18. Have you made a previous application in respect of a firearm in Barbados?      Yes      No  
     

If "yes" give year and results:  
 \_\_\_\_\_

19. Description and number of firearms now in your possession:

Manufacturer	Country of origin	Type	Calibre or Gauge	Serial No.	Any other distinctive or identifying marks
1.					
2.					
3.					
4.					

20. Particulars of licences held:

FIRST SCHEDULE – *Cont'd*

**FORM A – *Cont'd***

21. Reasons for possession of firearm(s) listed at 19:

\_\_\_\_\_

\_\_\_\_\_

22. Previous experience with firearms:

\_\_\_\_\_

\_\_\_\_\_

23. Amount of ammunition in your possession at the date of this application:

Manufacturer	Country of origin	Calibre	Quantity

24. The maximum amount of ammunition you wish to have in your possession at any time:

Manufacturer	Country of origin	Calibre	Quantity

25. The maximum amount of ammunition to be purchased or required at any time:

Manufacturer	Country of origin	Calibre	Quantity

26. Places at which the firearm is intended to be used:

\_\_\_\_\_

\_\_\_\_\_

**STATUTORY INSTRUMENT**

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FIRST SCHEDULE – *Cont'd*

**FORM A – *Cont'd***

27. Place at which the firearm(s) and the ammunition listed will be kept when not in use and the specific arrangements that have been made for their safe custody?

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28. Referees:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

FIRST SCHEDULE – *Cont'd*

**FORM A** – *Cont'd*

1. \_\_\_\_\_, do swear that the information contained in the above form is true and correct to the best of my knowledge, information and belief.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_

\_\_\_\_\_  
Justice of the Peace

**STATUTORY INSTRUMENT**

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FIRST SCHEDULE – *Cont'd*

**FORM A – *Concl'd***

**FOR OFFICIAL USE ONLY**

Prescribed Fee \$: \_\_\_\_\_ Paid: \_\_\_\_\_

Serial No. of  
Receipt: \_\_\_\_\_

Officer i/c

Division,

For enquiries and report.

\_\_\_\_\_  
Commissioner of Police

\_\_\_\_\_  
Date

Senior Police Officer i/c

Station,

For enquiries and report.

\_\_\_\_\_  
Officer i/c

Division

\_\_\_\_\_  
Date

**REPORT OF SENIOR POLICE OFFICER IN CHARGE**



FIRST SCHEDULE – *Cont'd*

**FORM B**

*(Section 6)*  
*(Regulation 2)*

**APPLICATION FOR A LICENCE TO IMPORT OR EXPORT  
A FIREARM**

1. Full Name (Mr./Mrs./Miss): \_\_\_\_\_
2. If you have at any time used a name other than that stated at 1, please give details and in the case of a married woman, please state your surname or surnames before marriage:
3. Date of birth: \_\_\_\_\_
4. Place of birth: \_\_\_\_\_
5. Nationality: \_\_\_\_\_
6. If you are not a citizen or permanent resident of Barbados, please provide details of the following:
  - (a) the date of arrival in Barbados: \_\_\_\_\_
  - (b) the purpose of the visit: \_\_\_\_\_
  - (c) the conditions of stay in Barbados: \_\_\_\_\_
  - (d) the passport number and date of issue of the passport: \_\_\_\_\_
7. Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_
8. If you have lived elsewhere other than at the address given at 7 during the last 5 years, please provide details: \_\_\_\_\_  
\_\_\_\_\_
9. Occupation: \_\_\_\_\_

FIRST SCHEDULE - Cont'd

FORM B - Cont'd

10. Name and address of place of employment or business:

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Length of time employed there: \_\_\_\_\_

11. Have you now or ever had any form of mental disorder? Yes No  
If "yes" give details:

12. Have you ever been certified as being of unsound mind? Yes No

13. Do you suffer from habitual intoxication? Yes No

14. Are you an alcoholic? Yes No

15. Have you ever been convicted of an offence? Yes No  
If "yes" give details:

(You are required to disclose all information about an offence except offences expunged under the *Criminal Records (Rehabilitation of Offenders) Act*, Cap. 127A, whether committed in Barbados or elsewhere.)

16. Type of firearm(s) to be imported or exported:

Manufacturer	Country of origin	Type	Calibre or Gauge	Serial No.	Any other distinctive or identifying marks

FIRST SCHEDULE - *Cont'd*

FORM B - *Cont'd*

17. Reasons for this application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Have you made a previous application in Barbados in respect of a firearm? Yes No  
   
If "yes" give year and results:  
\_\_\_\_\_  
\_\_\_\_\_

19. Type and number of firearm(s) now in your possession:

Manufacturer	Country of origin	Type	Calibre or Gauge	Serial No.	Any other distinctive or identifying marks
1.					
2.					
3.					
4.					

20. Particulars of licence held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Reason for possession of firearm listed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATUTORY INSTRUMENT**FIRST SCHEDULE - *Cont'd***FORM B - *Cont'd***

22. Previous experience with firearm(s): \_\_\_\_\_

23. Amount of ammunition in your possession at the date of this application:

Manufacturer	Country of origin	Calibre	Quantity

24. The maximum amount of ammunition you wish to have in your possession at any time:

Manufacturer	Country of origin	Calibre	Quantity

25. The maximum amount of ammunition you wish to purchase at any time:

Manufacturer	Country of origin	Calibre	Quantity

26. Places at which the firearm(s) is intended to be used:

\_\_\_\_\_

\_\_\_\_\_

FIRST SCHEDULE - *Cont'd*

**FORM B** - *Cont'd*

27. Place at which the firearm(s) and the ammunition listed will be kept when not in use and the specified arrangement that have been made for their safe custody

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. Referees:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**STATUTORY INSTRUMENT**

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FIRST SCHEDULE - *Cont'd*

**FORM B** - *Cont'd*

1, \_\_\_\_\_, do swear that the information contained in the above form is true and correct to the best of my knowledge, information and belief.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_

\_\_\_\_\_  
Justice of the Peace

FIRST SCHEDULE - *Cont'd*

FORM B - *Concl'd*

**FOR OFFICIAL USE ONLY**

Prescribed Fee \$: \_\_\_\_\_ Paid: \_\_\_\_\_

Serial No. of  
Receipt: \_\_\_\_\_

Officer i/c \_\_\_\_\_ Division, \_\_\_\_\_

For enquiries and report.

\_\_\_\_\_  
Commissioner of Police

\_\_\_\_\_  
Date

Senior Police Officer i/c \_\_\_\_\_ Station, \_\_\_\_\_

For enquiries and report.

\_\_\_\_\_  
Officer i/c \_\_\_\_\_ Division

\_\_\_\_\_  
Date

**REPORT OF SENIOR POLICE OFFICER IN CHARGE**

FIRST SCHEDULE - Cont'd

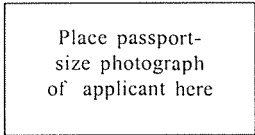
FORM C

(Sections 7(2), 9 and 9A)
(Regulation 2)

APPLICATION FOR A DEALER'S GUNSMITH'S OR
COLLECTOR'S LICENCE

Note: Part A must be completed where an application is made by one individual wishing to
conduct business as a dealer, gunsmith or a collector. Parts B and C must be completed
where an application is made on behalf of a company. In all cases Part D must be
completed.

PART A



- 1. Full name (Mr./Mrs./Miss):
2. If you have at any time used a name other than that stated at 1, please
give details and in the case of a married woman, please state the
surname or surnames before marriage:
3. Date of birth:
4. Place of birth:
5. Nationality:
6. If you are not a citizen or permanent resident of Barbados, please
provide the details of the following:
(a) the date of arrival in Barbados:
(b) the purpose of visit:
(c) the conditions of stay in Barbados:
(d) the passport number and date of
issue of the passport:
7. Address:
Telephone number:
Email address:



FIRST SCHEDULE - *Cont'd*

**FORM C - *Cont'd***

8. If you have lived elsewhere other than at the address given at 7 during the last 5 years, please give details: \_\_\_\_\_

\_\_\_\_\_

9. Occupation: \_\_\_\_\_

10. Name and address of place of employment or business: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Length of time employed there: \_\_\_\_\_

11. Please indicate whether you ever had an application for the grant or renewal of any of the following licences revoked or refused:

(a) licence to possess, carry or use a firearm	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

(b) dealer's licence	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

(c) gunsmith's licence	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

(d) collector's licence	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

12. Have you ever been convicted of an offence?	Yes	No
If "yes" give details:	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

\_\_\_\_\_

(You are required to disclose all information of an offence except offences expunged under the *Criminal Records (Rehabilitation of Offenders) Act*, Cap. 127A, whether committed in Barbados or elsewhere.)

FIRST SCHEDULE - *Cont'd***FORM C - *Cont'd*****PART B**

13. Full name of company: \_\_\_\_\_
14. Registration number: \_\_\_\_\_
15. Previous name(s) of the company if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Principal nature of the business in which the company is engaged:  
 \_\_\_\_\_
17. Name of directors of the company:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Do any of the above-named directors hold a dealer's licence? Yes No  
   
 If "yes" state full names of directors: \_\_\_\_\_  
 \_\_\_\_\_
19. Are any directors of the company also directors of another company which holds a dealer's licence? Yes No  
   
 If "yes" give details: \_\_\_\_\_  
 \_\_\_\_\_
20. Has the company been convicted of an offence? Yes No  
   
 If "yes", give year and details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FIRST SCHEDULE - *Cont'd*

FORM C - *Cont'd*

PART C

- 21. Full name (Mr./Mrs./Miss): \_\_\_\_\_
- 22. Date of birth: \_\_\_\_\_
- 23. Position held in company: \_\_\_\_\_
- 24. Length of time employed in that position: \_\_\_\_\_

I, \_\_\_\_\_, do swear that the information contained in the above form is true and correct to the best of my knowledge, information and belief.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_

\_\_\_\_\_  
Justice of the Peace

FIRST SCHEDULE - *Cont'd*

**FORM C - *Concl'd***

**FOR OFFICIAL USE ONLY**

Prescribed Fee \$: \_\_\_\_\_ Paid: \_\_\_\_\_

Serial No. of  
Receipt: \_\_\_\_\_

Officer i/c \_\_\_\_\_ Division,

For enquiries and report.

\_\_\_\_\_  
Commissioner of Police

\_\_\_\_\_  
Date

Senior Police Officer i/c \_\_\_\_\_ Station,

For enquiries and report.

\_\_\_\_\_  
Officer i/c \_\_\_\_\_ Division

\_\_\_\_\_  
Date

**REPORT OF SENIOR POLICE OFFICER IN CHARGE**

FIRST SCHEDULE - *Cont'd*

**FORM D**

*(Section 12(1))*

*(Regulation 2)*

**APPLICATION FOR A SHOOTING CLUB'S LICENCE**

1. Full name of club: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. Names of members of executive committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have any of the members of the executive committee been convicted of an offence, including an offence under section 13(3) of the *Firearms Act*, Cap. 179? Yes    No  
      
If "yes", give details:  
\_\_\_\_\_  
\_\_\_\_\_

FIRST SCHEDULE - *Cont'd*

**FORM D** - *Cont'd*

I, \_\_\_\_\_, do swear that the information contained in the above form is true and correct to the best of my knowledge, information and belief.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_

\_\_\_\_\_  
Justice of the Peace

FIRST SCHEDULE - *Cont'd*

**FORM D** - *Concl'd*

**FOR OFFICIAL USE ONLY**

Prescribed Fee \$: \_\_\_\_\_ Paid: \_\_\_\_\_

Serial No. of  
Receipt: \_\_\_\_\_

Officer i/c \_\_\_\_\_ Division, \_\_\_\_\_

For enquiries and report.

\_\_\_\_\_  
Commissioner of Police

\_\_\_\_\_  
Date

Senior Police Officer i/c \_\_\_\_\_ Station, \_\_\_\_\_

For enquiries and report.

\_\_\_\_\_  
Officer i/c \_\_\_\_\_ Division

\_\_\_\_\_  
Date

**REPORT OF SENIOR POLICE OFFICER IN CHARGE**

FIRST SCHEDULE - Cont'd

FORM E

(Section 5 (3), (4))  
(Regulation 2)

LICENCE TO POSSESS, CARRY OR USE A FIREARM

Licence No.: \_\_\_\_\_

This Licence is granted to \_\_\_\_\_ of  
(Full name)

\_\_\_\_\_  
(Address)

possess, use or carry the firearm described below:

Manufacturer: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Calibre: \_\_\_\_\_

Type: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Any other distinctive or identifying marks: \_\_\_\_\_

Conditions of Licence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This Licence expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Commissioner of Police



FIRST SCHEDULE – *Cont'd*

**FORM F**

*(Section 6)*  
*(Regulation 2)*

**LICENCE TO IMPORT OR EXPORT A FIREARM**

Licence No.: \_\_\_\_\_

Place passport-size photograph of holder here.

\_\_\_\_\_  
Signature of holder

This Licence is granted to \_\_\_\_\_  
(Full name)

of \_\_\_\_\_  
(Address)

to import the firearm described below:

Manufacturer: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Calibre: \_\_\_\_\_

Type: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Any other distinctive or identifying marks: \_\_\_\_\_

\_\_\_\_\_

FIRST SCHEDULE - *Cont'd*

**FORM F** - *Cont'd*

Conditions of Licence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Licence expires on the            day of            , 20    .

\_\_\_\_\_  
Commissioner of Police

FIRST SCHEDULE – *Cont'd*

**FORM G**

*(Section 12)*  
*(Regulation 2)*

**SHOOTING CLUB'S LICENCE**

Licence No.: \_\_\_\_\_

This Licence is granted to the \_\_\_\_\_  
(Name of Club)

situate at \_\_\_\_\_  
(Address)

for the following purposes:

(a) to maintain a rifle and pistol range at \_\_\_\_\_  
(Address)

(b) to organise sporting events involving the use of firearms at that range;  
and

(c) to provide facilities for target practice at that range.

Conditions of Licence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This Licence expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Commissioner of Police

**STATUTORY INSTRUMENT**

FIRST SCHEDULE – *Cont'd*

**FORM H**

*(Section 8)  
(Regulation 2)*

**FIREARMS DEALER'S LICENCE**

Licence No.: \_\_\_\_\_

This Licence is granted to \_\_\_\_\_  
(Name of dealer)

of \_\_\_\_\_  
(Address)

to import, export, deal in, repair, test, prove and sell firearms and ammunition, not being prohibited weapons or prohibited ammunition under the provisions of the *Firearms Act*, Cap. 179, at the premises known as

\_\_\_\_\_  
(Address)

situate at \_\_\_\_\_

Conditions of Licence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

This Licence expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Commissioner of Police

FIRST SCHEDULE - *Cont'd*

FORM I

(Section 9)  
(Regulation 2)

GUNSMITH'S LICENCE

Licence No.: \_\_\_\_\_

This Licence is granted to \_\_\_\_\_  
(Name of gunsmith)

of \_\_\_\_\_  
(Address)

to repair, test, prove or destroy firearms and ammunition, not being prohibited weapons or prohibited ammunition under the provisions of the *Firearms Act*, Cap. 179, at the premises known as \_\_\_\_\_

\_\_\_\_\_ situate at \_\_\_\_\_  
(Address)

Conditions of Licence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 .

This Licence expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
Commissioner of Police

FIRST SCHEDULE - *Concl'd*

FORM J

(Section 9A)  
(Regulation 2)

COLLECTOR'S LICENCE

Licence No.: \_\_\_\_\_

This Licence is granted to \_\_\_\_\_  
(Name of collector)

of \_\_\_\_\_ to import  
(Address)

and collect firearms and ammunition, not being prohibited weapons or prohibited  
ammunition under the provisions of the *Firearms Act*, Cap. 179, at the premises  
known as \_\_\_\_\_

situate at \_\_\_\_\_  
(Address)

Conditions of Licence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 .

This Licence expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
Commissioner of Police

SECOND SCHEDULE

*(Regulation 3)*

Firearms Licence Fees

	\$
1. Application for a licence to possess, carry or use a firearm ... ..	500.00
2. Application for a licence to import or export a firearm ...	75.00
3. Application for a dealer's licence ... ..	400.00
4. Application for a gunsmith's licence ... ..	400.00
5. Application for a shooting club's licence ... ..	400.00
6. Application for a collector's licence ... ..	400.00
7. Renewal of a:	
(a) licence to possess, carry or use a firearm ... ..	200.00
(b) licence to import or export a firearm ... ..	75.00
(c) dealer's licence ... ..	400.00
(d) gunsmith's licence ... ..	400.00
(e) shooting club's licence ... ..	400.00
(f) collector's licence ... ..	400.00".

Made by the Minister this 29th day of November, 2010.

ADRIEL D. BRATHWAITE  
Minister responsible for Police Administration.