

MURRAY DISTRICTS PISTOL CLUB

PISTOL APPLICATION

(SUBMIT TO COMMITTEE AT NEXT MEETING)

APPLICANT			
Full Name:		Date of Birth: / /	
Address:		Post Code:	
Phone number		Email	
Joined the above Club on: / /		Existing Firearms Licence number (if applicable):	
First Pistol:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tick one box for each selection
Additional Pistol:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Completed Firearms Safety Course:	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>	
Current National Police Certificate provided to Club:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Membership of another Association (if Yes, complete details on next line):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Association:		Club:	
APPLICATION			
Approved Club Activity (Personal Use):		<input type="checkbox"/>	Tick appropriate box
Range Use Only (Named Officer/Club Armourer):		<input type="checkbox"/>	
DESCRIPTION OF PISTOL			
Make:		Model:	
Serial Number:		Calibre:	
Barrel Length (millimetres):		Magazine or Cylinder Capacity (number of rounds): (for single shot capacity indicate 1)	
Handgun Type (Indicate <u>One</u> Type only – cross out Types which do not apply):		Single Shot / Self Loading / Air or Gas / Revolver / Percussion	
Pistol specifically designed for target shooting: [Tick one box only]		Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
Proposed Match (refer Regulation 5):			
CURRENT OWNER			
Name:			
Address:		Post Code:	
Firearms / Dealers License Number:			

NOTE: PLEASE ENSURE ALL FORMS ARE COMPLETED IN FULL