

## **APPLICATION for a FIREARMS LICENCE**

(INCLUDES FIREARMS COLLECTORS LICENCE)



PENALTIES may a for FALSE STATE					e Licenc ns Use											ermit Ise O								
INDIVIDUAL APF	PLICANT o	r NO	MINE																					
Tick Relevant Box																								
Surname																ı	ı							
		$\perp$		Ш		$\perp$																		Ĺ
First Name		<u> </u>	Π	П		Т	1	Mi	dd <b>i</b> e	Name	s)				Π			Π			Π			
																					F	POST	COD	F
Residential Address																								
Postal Address (If different)								_													-	081	COD	E
Telephone Numbers	Home						Date of Birth / / /										S	Sex						
	Mobile						Occupation																	
Email Address																								
Have you ever Changed your name? No Yes If yes, pr										ils belo	w													
	Family Nam	е				G	iven l	Name	(s)															
M.O. I. C. I.											_													
	Method of changing your name Deed Poll									10.50	ш	Rep			· -									
THIS SECTION MUST ALSO BE COMPLETED IF APPLYING FOR A COMPANY FIREARMS LICENCE COMPANY DETAILS																								
	(ILS																							
Company Name																								
Trading Name POSTCODE																								
Business Address																								
Postal Address	Postal Address PostCoD										CODI	Ξ												
Contact Details	Phone										Email													
Type of Business	,										ABN													
	Family Nam	Э						Gi	ven l	Name(s	5)													
Details of a person Nominating a																								
Company Nominee	Signature of Nominator									No	minat	ors <sup>-</sup>	Title				Date							
APPLICANT or N	OMINEE	SUPP	ORTI	NG	DET/	AILS																		
Can you read and understand English?										no, stat	te na	tiona	lity)											
Have you ever been refu Licence Renewal, or ha		No Yes, give details																						
Do you have any physic which may render you		No Yes, give details																						
Have you ever appeared other Judicial Body of a Exclude any minor traffic		] No			Yes, g	ive det	tails																	
During the last three year of South Australia?		] No			Yes, g	ive det	tails																	
Do you hold any other L in any other State or Te		] No			Yes, C	uote L	icen	ce N	o's															
Are you a Primary Produ		] No			Yes, g	ive det	tails																	

As per s.14(4) Firearms Act, an application cannot be made by a person whose firearms licence has been previously cancelled by the Registrar under s.20(6) or (7) within 3 years of the cancellation. As per s.15(5), an application will not be granted if found guilty of a prescribed offence within previous 5 years (as listed under Schedule 2, part 4, *Firearms Regulations 2017*).

NON REFUNDABLE APPLICATION FEE APPLIES

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CATEG	ORI 	ES /	APP				(Ple Cated		ick r	equir	ed ca	atego	ories)
								, . ,					Category 11 (Dealer) licence to be applied for on RF1637.
Firearm Category	- Shooting Club	: - Target Shooting	- Hunting	Paintball Shooting	- Primary Production	- Security Guard	' - Contract Shooter	- Commercial Range	- Shooting Gallery	10 - Collector	11 - Dealer Employee	12 - Miscellaneous	Where appropriate, please forward any required justification or documentation with this application
Α	_	2	3	4	5	9	7	8	6	_	_	_	For miscellaneous, provide details, including if for imitation only.
В													
С													
D													
н													
Р													
z													
		Fire	arm	type	per	categ	jory					·	
А						irearı ire rif		fire	rifles	(not	se <b>l</b> f-lo	adin	g), shotgun (not self-loading or pump action), break action combination
В		Muz that	zle lo are r	adin not de	g fire	arms ed to	(not hold	addit	ional	roun	ds in	a ma	mber rifles, centre fire rifles (not self-loading), multiple barrel centre fire rifles gazine; break action combination shotguns and rifles, all other firearms (not ump action shotguns) that are not category A firearms.
Self-loading rim fire rifles having a magazine capacity of 10 rounds or less, self-loading or pump action shotguns having a magazine capacity of 5 rounds or less.													
Self-loading rim fire rifles having a magazine capacity of more than 10 rounds, self-loading centre fire rifles, self-loading or pump													
action shotguns having a magazine capacity of more than 5 rounds.  H All Handguns (not being prescribed)													
P Prescribed Firearm as per section 5 and regulation 7													
Z Ammunition only													
Address where firearm(s) is to be secured:													
Principal residence / business address Other address													
Other Licensee(s) at address (licence number only):  My security will be: (tick appropriate)													
Steel safe with 2mm thick walls and door attached to building (unless over 150kg) with CCTV / alarm (delete as applicable)													
_						d doo	or atta	ached	to b	ui <b>l</b> din	g (un	less (	over 150kg) with CCTV / alarm (delete as applicable)
Strongroom with CCTV and alarm  Steel safe complying with the requirements of Schedule 1, clause 10(3)(b), 10(7), 11(3)(b), 11(7), 16(2), 16(7), 17(2), 17(4) or 17(9) of													
the Firearms Regulations, 2017  Other as approved by Registrar (must provide details)													
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DECLA	RAT	ION											
				ll pa	rticu	ılars	aive	n bv	me	in th	nis aı	oplic	ation are true and correct.
11.0.009				p.		.,	9	~,				910	1 1
(Signature of Applicant) (Date)													
MUST ATTEND LOCAL POLICE STATION WITH 100 POINTS OF IDENTITY  LOCAL POLICE STATION USE ONLY													
	•	•									_		be met) - Copies must be attached
POLICE RECOMMENDATION: Recommended Not Recommended (Attach brief report)													
Firearms L	.icen	ce A	pplic	atio	n Fe	e: \$					SAI	PPO:	S Receipt No.:
							SAPO	DL E	mp <b>l</b> o	yee's	Sigr	natur	e:
	P	OLIC	Έ				Print	Nam	e:				Rank/Class:
	ST	ATI	ON				ID No						Date: / /
	S	ΓAΝ	1P				Police	e Sta	tion	Code	e:		
							FOR	WAI	RD T	ГО F	IRE/	ARM	S BRANCH (130)

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