



CLUB or EMPLOYER REPORT TO REGISTRAR OF FIREARMS

If immediate Police attendance is required, contact the Police Call Centre on 131 444.

Firearms Licence No. _____

COMPLETE FORM AND CLICK 'SUBMIT BY EMAIL' BUTTON AT THE BOTTOM OF THIS PAGE

Club Member Employee

SUBJECT'S DETAILS

Surname _____

First Name _____

Middle Name(s) _____

Home Address _____

POSTCODE _____

Telephone Numbers

Home

Mobile

Date of Birth

/ /

Sex

Occupation _____

Time and date subject spoken to: _____ / /

Location: _____

Does the subject have access to firearms: Yes No

Reason for suspicion that the subject is suffering from a physical or mental illness, condition or disorder, or other circumstances why there is a threat to safety associated with the subject's possession or use of a firearm.

A person incurs no civil or criminal liability in making a report in good faith in compliance, or purported compliance, with regulation 94 of the *Firearms Regulations 2017*.

The information contained in this email / facsimile is confidential and may also be the subject of legal professional privilege or public interest immunity. If you are not the intended recipient, any use, disclosure or copying of this document and or its attachments is unauthorised. Please telephone (08) 7322 3346 as soon as possible and then return it by mail to South Australia Police, GPO Box 1539, Adelaide SA 5001.

REPORTING PERSON

Surname: _____ Given Name(s): _____

Position: _____ Club/Company: _____

Contact Telephone / Mobile: _____ Date Submitted: _____ / /

Email Address: _____

Note: If you are not currently connected to email, please print this form and **immediately** fax it to Firearms Branch on (08) 7322 4182.

If you require a copy for your records please print prior to submitting via email.