



SOUTH AUSTRALIA POLICE  
SAFER COMMUNITIES

SUMMARY OFFENCES ACT, POSSESSION OF BODY ARMOUR, 21B

APPLICATION for APPROVAL TO POSSESS BODY ARMOUR

Section 21B of the Summary Offences Act makes it an offence for a person who, without the approval in writing of the Commissioner of Police, has possession of, or uses, body armour.

Government of South Australia

- **HEAVY PENALTIES** are provided for **FALSE STATEMENTS**
- **BODY ARMOUR MUST NOT BE OBTAINED UNTIL WRITTEN AUTHORITY HAS BEEN GIVEN**
- **THE COMMISSIONER OF POLICE HAS CONDITIONED ANY INDIVIDUAL POSSESSING OR DEALING IN BODY ARMOUR MUST BE A FIREARMS LICENSEE, A LICENSED SECURITY GUARD OR A SWORN EMPLOYEE OF SOUTH AUSTRALIA POLICE**

**INDIVIDUAL APPLICANT:**

Surname													
First Name						Middle Name(s)							
Home Address										POSTCODE			
Rural Property Address										POSTCODE			
Postal Address										POSTCODE			
Licence No.				Date of Birth				/		/		Sex	
Telephone Numbers		Home				Mobile							
Email Address													

**COMPANY DETAILS:**

<b>PLEASE COMPLETE THIS SECTION ONLY IF APPLYING AS A BUSINESS</b>											
Company Name										Company ABN	
Trading Name											
Firearms Licence No.				Web Address							
Company Address										POSTCODE	
Company Email Addr.											
Company Postal Addr.										POSTCODE	
Contact Numbers		Ph				Mob.				Fax	
Type of Business											
Details of Responsible Person for Body Armour Management											
Family Name						Given Name(s)					
Title				Firearms Licence No.				Mobile No.			
Signature										Date	

**PLEASE ATTACH:**

List of approved staff trained to wear body armour and licence details.

Company policy for body armour management, including issue, storage, audit, sale and disposal plans.

**THE APPLICANT IS APPLYING TO:**

<input type="checkbox"/> Manufacture body armour	<input type="checkbox"/> Sell, distribute, supply or deal in body armour
<input type="checkbox"/> Possess and use body armour	<input type="checkbox"/> Supply body armour for use by employees in the course of their duties

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**BODY ARMOUR:**

<b>BODY ARMOUR DESCRIPTION</b>		Type:	<input type="checkbox"/> Covert	<input type="checkbox"/> Overt
Make	Description	Threat Level	Serial Number(s)	

**STORAGE:**

In a locked and secure safe attached to the building if the safe is under 150kg.

In a locked and secure 'Level One Safe' as described in /Firearms Regulations 2017.

In another manner as approved by the Registrar (attached description and approval).

In accordance with General Order, **Firearms** (police only)

**SWORN POLICE EMPLOYEE APPLICATION:**

Members Name:					ID No.:	7	0				
Location Code					I am aware of the standards set for sworn employees in General Order, <b>Firearms</b> <input type="checkbox"/>						
Signature:					Date:		/		/		
Supervisor's Comments:											
Signature:					Date:		/		/		

**DECLARATION AND IDENTIFICATION:**

I hereby declare that all particulars given by me in this application are true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SAPOL USE ONLY (To be completed by a SAPOL employee):**

**\* Proof of identity is required and a signature must be witnessed by a SAPOL employee.**

Type of identification produced: \_\_\_\_\_

I hereby certify that I witnessed the applicant's signature and am satisfied as to the correctness of the identity of the applicant.

Employee Name: \_\_\_\_\_ Rank/Class: \_\_\_\_\_ ID No.: \_\_\_\_\_

Police Station Code:

STATION  
STAMP  
HERE

**COMPLETED FORM TO BE SENT TO FIREARMS BRANCH (130)**