



APPLICATION FOR EXEMPTION RELATING TO POSSESSION OR USE OF PROHIBITED WEAPON(S)

PENALTIES for FALSE STATEMENTS

Permit No.
(SAPOL Use Only)

INDIVIDUAL APPLICANT

Surname	
First Name	Middle Name(s)
Residential Address	POSTCODE
Postal Address (If different)	POSTCODE
Occupation	Date of Birth / / Sex
Telephone Numbers	Ph Mob.
Email Address	
Have you ever Changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State Name Change(s) / Alias(es)	
Surname Given Name(s)	
1.	
2.	
Method of changing your name <input type="checkbox"/> Deed Poll <input type="checkbox"/> Marriage <input type="checkbox"/> Reputation	
Do you have any physical or mental disability which may render you unfit to use or be in possession of a prohibited weapon(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details
Have you ever appeared before a Court of Law, Panel or other Judicial Body of any kind charged with any offence? Exclude any minor traffic matters.	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details
During the last three years, have you resided outside the State of South Australia?	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details

APPLICANT SUPPORTING DETAILS

Describe prohibited weapon(s) requiring exemption (include serial number(s) if applicable, make, model or mark):

For what purpose will the prohibited weapon(s) be used:

Reason applicant wishes to obtain an exemption:

Any other details in support of this application:

DECLARATION

I hereby declare that all particulars given by me in this application are true and correct and agree to abide by any conditions imposed.

Signature of Applicant _____ Date of Application / /

SUBMIT APPLICATION AT YOUR LOCAL POLICE STATION WITH 100 POINTS OF ID

LOCAL POLICE STATION USE ONLY

APPLICANT'S NAME:

Proof of identity, age and address produced - list
(100 point system **MUST** be met)

LOCAL POLICE RECOMMENDATION & REPORT:

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SAPOL Employee's Signature:

Print Name:

Rank/Class:

ID No.: Date: / /

Police Station Code:

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Fee of: Receipt Issued:

FORWARD TO FIREARMS BRANCH (130)