



APPLICATION for a PERMIT TO ACQUIRE A FIREARM



To be completed in full by applicant
PENALTIES may apply for FALSE STATEMENTS

Licence No. [grid]
Expiry Date [/ /]

FIREARM MUST NOT BE OBTAINED UNTIL THIS APPLICATION HAS BEEN APPROVED BY FIREARMS BRANCH

PERSON ACQUIRING POSSESSION (THE APPLICANT)

Form for personal details: Surname, First Name, Middle Name(s), Residential or if Company Business Address, Postal Address, Email Address, Date of Birth, Occupation, Phone No., Mobile No., POSTCODE.

Address where firearm(s) is to be secured:

- Principal residence / business address
Other address

Other Licensee(s) at address (licence number only):

How many firearms do you currently possess? (Please note that under the Firearms Regulations 2017, the number of firearms in your possession will affect the required security level)

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)
Steel safe with 3mm thick walls and door attached to building (unless 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

FIREARM DETAILS (all fields mandatory)

NFID: F [grid]

Table for firearm details: Make of Firearm, Type, Action, Configuration, Model, Magazine Capacity, Barrel Length, Year of Manuf., Category, Serial No., Calibre & Type, Comb Calibre & Type.

PURPOSE OF USE - Tick box - Supporting documentation (where appropriate) must be attached to this application

- 1. Shooting Club, 2. Target Shooting, 3. Hunting, 4. Paint-ball Shooting, 5. Primary Production, 6. Security Guard, 7. Contract Shooter, 8. Commercial Range, 9. Shooting Gallery, 10. Collector, 11. Dealer, 12. Miscellaneous

PERSON TRANSFERRING POSSESSION

Form for transferring possession: Surname, First Name, Middle Name(s), Home or if company Business Address, STATE, POSTCODE, Licence No., Reg. Certificate or Dealer's Tag No., OR [/]

As per s.23(3)(d) of the *Firearms Act 2015*, what is the genuine need for this firearm which cannot be met by any other firearm in your possession? (Not applicable for category A)

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Further information for category C, D or H firearms may be required. See regulations 14 to 25, or contact Firearms Branch, and attach details as necessary.

APPLICANTS DECLARATION


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

..... /

(Signature of Applicant) (Date)

Applications can either be lodged at a police station or posted to Firearms Branch, GPO Box 1539 ADELAIDE SA 5001

PERMIT TO ACQUIRE A FIREARM - FIREARMS BRANCH USE ONLY

Application Refused	/	/	
Reason / Action Taken			
Date Permit Approved	/	/	
Date Permit Expires	/	/	
Adjudicator's Initials & ID No.			

IF YOU DO NOT TAKE POSSESSION OF THE FIREARM, SIGN AND RETURN TO FIREARMS BRANCH FOR CANCELLATION

Signature of Applicant: Date: /

As per reg 51, the transfer of possession of the firearm **MUST** take place in the presence of a prescribed person. A fee may be applicable.

WITNESS TO TRANSFER OF FIREARM

I have witnessed the transfer of the firearm described in this form and have satisfied myself by inspecting this permit and the licence of the person acquiring the firearm that he/she is entitled to acquire and possess it. I understand I am required to provide the Registrar of Firearms with a copy of the record of transfer, and retain a copy in line with the requirements of regulation 51 (not applicable to SAPOL employee).

Name			
Address			POSTCODE
Licence No. / Police ID No.			
<input type="checkbox"/> Authorised Officer (Club) <input type="checkbox"/> Firearms Dealer <input type="checkbox"/> Police Officer <input type="checkbox"/> Authorised Public Service Employee (Tick appropriate)			
Signature:		Date: /	

IMPORTANT INFORMATION

The firearm and this form MUST be presented as a Police Station for registration as soon as practicable, within 14 days, and the appropriate fee paid. Should you fail to comply with the regulations, you may be the subject of legal proceedings and your firearm(s) may be seized.


Production at a Police Station is restricted to daylight hours. The firearm should be securely wrapped or bagged, and only removed from such by a member of police or Authorised Public Service Employee. Please ensure the firearm is rendered safe by one of the following methods where possible:

- (a) Remove magazine or bolt
- (b) Dismantling the firearm
- (c) Having the action locked or blocked open

APPLICATION TO REGISTER THE FIREARM DESCRIBED IN THIS FORM

Signature of Applicant: Date: /

POLICE STATION USE ONLY

	Police Station Code: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input type="checkbox"/> Firearm and Licence have been sighted. All details are correct with those shown on this form.	
	*Serial Number must be included on Receipt		
	Registration Fee of \$	Receipt No.	Issued
SAPOL Employee's Signature	Rank / Class	ID No.	Payment Date
			/ /

FORWARD TO FIREARMS BRANCH (130)