



# CERTIFICATE of TRAINING



Government of South Australia

**PENALTIES may apply for FALSE STATEMENTS**

Applicant's Licence No. 

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## CERTIFICATE FROM ACCREDITED INSTRUCTOR CFI

This is to certify that ..... / /  
(Name in Full) (Date of Birth)  
 of .....  
(Street / Road) (Suburb) (Postcode) has completed and passed the

Club       Recreation       Security       Guns at Work       Paintball Accreditation

Training Course as approved by the Registrar of Firearms, pursuant to the Firearms Regulations 2017, incorporating  
 firearm categories:  A    B    C    D    H

**(Security Course ONLY)** Training in the use of the following has been completed:

Revolver       Semi Auto       Concealed Carry       Baton

Accredited Instructor Licence No. .... Name .....

Organisation: ..... Signature: ..... Date: .. / .. / ..

## CERTIFICATE FROM CLUB CFC

This is to certify that .....  
(Full Name of Member)  
 of ..... is a member of the  
(Address)  
(Name of Club)

Organisation Secretary: .....  
(If Applicable) (Name) (Signature)

Club Secretary: ..... Date: .. / .. / ..  
(Name) (Signature)

## CERTIFICATE FROM EMPLOYER CFE

Employee Firearms Licence No. 

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I ..... for and on behalf  
(Name of Person Certifying) (Title)  
 of ..... certify the following:-  
(Trading Name of Business etc.)

The organisation or person named above is the holder of a Firearms Licence Number 

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..... is a .....  
(Employee Name) (Employee's Job Title)

employed by the above organisation or person, holds Security Guards Licence No. ....  
(If Applicable)

and is required to carry or use the organisation's or person's firearms of category(s) .....

in the course of his / her duties for the purpose of .....

Signature of Person Certifying: ..... Date: .. / .. / ..

**Forward form to Firearms Branch, GPO BOX 1539, Adelaide SA 5001**  
**Email: [sapol.firearmsbranch@police.sa.gov.au](mailto:sapol.firearmsbranch@police.sa.gov.au)**