

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		Date of Birth	/ /	Sex
	Mobile		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.