



OFFICIAL: Sensitive

Firearms Act 2015 & Firearms Regulations 2017

PD486B



Government  
of South Australia

**CLUB or EMPLOYER  
REPORT TO REGISTRAR OF FIREARMS**

If immediate Police attendance is required, contact the Police Call Centre on 131 444.

**PLEASE EMAIL COMPLETED FORM TO THE SOUTH AUSTRALIA POLICE FIREARMS BRANCH**

Email: [SAPOL.FirearmsMedicalNotifications@police.sa.gov.au](mailto:SAPOL.FirearmsMedicalNotifications@police.sa.gov.au) title subject 'REPORT TO REGISTRAR'

Subject is: ☐ Club Member ☐ Employee

Firearm's Licence No.: (if known)

**SUBJECT'S DETAILS**

|                      |  |                      |                      |  |                      |                      |  |                                                       |  |  |
|----------------------|--|----------------------|----------------------|--|----------------------|----------------------|--|-------------------------------------------------------|--|--|
| Surname              |  |                      |                      |  |                      |                      |  |                                                       |  |  |
| <input type="text"/> |  |                      |                      |  |                      |                      |  |                                                       |  |  |
| First Name           |  |                      |                      |  | Middle Name(s)       |                      |  |                                                       |  |  |
| <input type="text"/> |  |                      |                      |  | <input type="text"/> |                      |  |                                                       |  |  |
| Home Address         |  |                      |                      |  | Postcode             |                      |  |                                                       |  |  |
| <input type="text"/> |  |                      |                      |  | <input type="text"/> |                      |  |                                                       |  |  |
| Telephone Numbers    |  | Mobile               | Date of Birth        |  |                      | Sex                  |  | <input type="checkbox"/> M <input type="checkbox"/> F |  |  |
| <input type="text"/> |  | <input type="text"/> | <input type="text"/> |  |                      | <input type="text"/> |  | <input type="text"/>                                  |  |  |
|                      |  | Home                 | Occupation           |  |                      | <input type="text"/> |  |                                                       |  |  |

Time and date subject spoken to: \_\_\_\_\_ : \_\_\_\_\_ ☐ AM ☐ PM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 regulations 94 and 96 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: _____                   |
| Email Address: _____              |                                       |
| Contact Telephone / Mobile: _____ | Date Submitted: _____ / _____ / _____ |

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**Note:** If you are not currently connected to email, please print this form and **immediately** fax it to Firearms Branch on (08) 7322 4182.