



APPLICATION for a PERMIT to ACQUIRE AMMUNITION



Government of South Australia

PENALTIES may apply for FALSE STATEMENTS

Permit No. _____

APPLICANT

If holder of Firearms Licence please state Number

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Surname					
First Name	Middle Name(s)				
Residential Address	POSTCODE				
Postal Address (if different)	POSTCODE				
Telephone Numbers	Home	Date of Birth	/	/	Sex
	Mobile	Occupation			
Email Address					
Have you ever Changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State Name Change(s) / Alias(es)					
Family Name			Given Name(s)		
Method of changing your name <input type="checkbox"/> Deed Poll <input type="checkbox"/> Marriage <input type="checkbox"/> Reputation					

APPLICANT SUPPORTING DETAILS

Have you ever been refused either a Firearms Licence or Ammunition Permit, had either cancelled or removed, or been refused a Licence Renewal?	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details
Do you have any physical or mental instability which may render you unfit to be in possession of the ammunition applied for in this application?	<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
State the reasons for requiring the ammunition.	
Description of ammunition to be acquired.	

DECLARATION

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

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Signature of Applicant / Nominee Application Date

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

SOUTH AUSTRALIA POLICE
APPLICATION for a PERMIT to ACQUIRE AMMUNITION

LOCAL POLICE STATION USE ONLY

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

POLICE RECOMMENDATION: Recommended Not Recommended (Attach brief report)



Application Fee: \$ **Receipt No.:**

SAPOL Employee's Signature:

Print Name: Rank/Class:

ID No.: Date: / /

Police Station Code:

FORWARD TO FIREARMS BRANCH (130)