



NOTIFICATION of CHANGE of NAME or ADDRESS; OR CHANGE of FIREARM STORAGE ADDRESS (overleaf)



PENALTIES may apply for FALSE STATEMENTS

Firearms Licence No. MUST be provided

Firearm's Licence No.

Licence(s) Involved

Collector's Licence No.

Dealer's Licence No.

Instructor Accreditation

Ammunition Permit

CHANGE of PRIVATE or COMPANY ADDRESS

Effective From: / /

Licence Holder's Surname or Company Name

Trading as

Licence Holder's First Name (if applicable)

Licence Holder's Middle Name(s) (if applicable)

Old Residential / Business Address

POSTCODE

Old Postal Address

POSTCODE

New Residential / Business Address

POSTCODE

New Postal Address

POSTCODE

Telephone Numbers

Ph

Mob.

Fax

Occupation

Date of Birth

Sex

Email Address

ABN No.

CHANGE of COMPANY NAME

Effective From: / /

Old Name

Old Trading as

New Name

New Trading as

Old ABN Number

New ABN Number

CHANGE of PERSONAL NAME

Effective From: / /

Old Name

Family Name

First Name

Middle Name(s)

New Name

Family Name

First Name

Middle Name(s)

Method of changing your name

Deed Poll

Marriage

Reputation

Ph

Mob.

Occupation

Date of Birth

Sex

Email Address

DECLARATION

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

(Signature of Applicant)

(Date)

CHANGE OF FIREARM STORAGE ADDRESS OVERLEAF

SUBMIT NOTIFICATION AT YOUR LOCAL POLICE STATION AND PRESENT PHOTO ID.

CHANGE of PERSONAL NAME MUST BE SUBMITTED AT A POLICE STATION WITH PROOF OF NAME CHANGE (i.e. Marriage Certificate, Deed Poll). A PHOTOCOPY OF THE PROOF OF NAME CHANGE IS TO BE CERTIFIED AND ATTACHED TO THIS FORM.

POLICE STATION TO SUBMIT COMPLETED FORM AND CERTIFIED PROOF OF NAME CHANGE TO:- FIREARMS BRANCH (130)

SOUTH AUSTRALIA POLICE  
**NOTIFICATION of CHANGE of NAME or ADDRESS; or  
CHANGE of FIREARM STORAGE ADDRESS (overleaf)**

**Firearms Licence No.  
MUST be provided**

Firearm's Licence No.

**CHANGE of FIREARM STORAGE ADDRESS**

Licence Holder's Surname or Company Name		Trading as	
Licence Holder's First Name (if applicable)		Licence Holder's Middle Name(s) (if applicable)	
Old Address		POSTCODE	
New Address		POSTCODE	

Principal residence / business address     Other address

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

**SECURITY DETAILS (MUST BE COMPLETED)**     (tick applicable)

**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 (must provide details)

Police conduct compliance audits to inspect the security of firearms. Should the storage of the firearm(s) not comply with Regulations, you may be the subject of legal proceedings and your firearm(s) may be seized.

**DECLARATION**

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

.....  
(Signature of Applicant)

  /  /  
(Date)

**SUBMIT APPLICATION AT YOUR LOCAL POLICE STATION AND PRESENT PHOTO ID.**