



APPLICATION FOR APPROVAL OF SECONDARY NOMINEE or CHANGE OF NOMINEE



Government of South Australia

PENALTIES may apply for FALSE STATEMENTS

Company Licence No. (if known)

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- Application as Nominee Application as Secondary Nominee

Company Name:

Address of Company:

APPLICANT DETAILS Personal Firearms Licence No. | | | | | | | | | | | |--|--|--|--|--|--|--|--|--|--| | | | | | | | | | | | |--|--|--|--|--|--|--|--|--|--|

Surname									
First Name					Middle Name(s)				
Residential Address								POSTCODE	
Postal Address								POSTCODE	
Telephone Numbers		Home			Date of Birth			Sex	
		Mobile			Occupation				
Email Address									

Have you ever changed your name? No Yes If yes, state name change(s) / alias'

Family Name					Given Name(s)				

Method of changing your name Deed Poll Marriage Reputation

PERSON NOMINATING APPLICANT

Surname									
First Name					Middle Name(s)				
Company Position									
Residential Address								POSTCODE	
Telephone Numbers		Home			Mobile				
Email Address									

FIREARMS UNDER YOUR CONTROL

Make	Model	Type	Calibre	Serial Number	Magazine Capacity

Continue on a separate sheet if required

Address where firearm(s) is to be secured

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

SOUTH AUSTRALIA POLICE
**APPLICATION FOR APPROVAL OF
SECONDARY NOMINEE or CHANGE OF NOMINEE**

DECLARATION

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

.....
(Signature of Applicant)

..... / .. / ..
(Date)

MUST ATTEND A LOCAL POLICE STATION WITH 100 POINT OF IDENTITY

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:

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FORWARD TO FIREARMS BRANCH (130)