Firearms Act 2015 & Firearms Regulations 2017 PD304

APPLICATION for a DUPLICATE:

FIREARMS LICENCE, DEALER'S LICENCE, COLLECTOR'S LICENCE or REGISTRATION CERTIFICATE

Government of South Australia

Licence No.

Expiry Date / /

PENALTIES may apply for FALSE STATEMENTS

APPLICANT

Surname

First Name | Middle Name(s)

Residential or if Company, Business Address		POSTCODE
Postal Address		POSTCODE

Telephone Numbers	Home		Date of Birth	/ /	Sex	
	Mobile		Occupation			
Email Address						

DUPLICATE REQUIRED (Fees will apply)

My Original ☐ Firearms Licence ☐ Collectors Licence ☐ Dealer's Licence ☐ Registration Certificate ☐ Firearms Permit

Has Been ☐ Lost ☐ Stolen ☐ Destroyed

Circumstances:

FOR DUPLICATE REGISTRATION CERTIFICATE ONLY COMPLETE SECTION BELOW

Serial No.: ..... Make: ..... Type: ..... Calibre: .....

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 & APPLICATION FEE (REGISTRATION CERTIFICATE ONLY)

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 (Registration Certificate Only): $ ..... Receipt No.: .....

POLICE STATION STAMP

SAPOL Employee's Signature: .....

Print Name: ..... Rank/Class: .....

ID No.: ..... Date: / /

Police Station Code:

FORWARD TO FIREARMS BRANCH (130)