

NOTIFICATIONS TO REGISTRAR



PENALTIES may apply for FALSE STATEMENTS

Licence No.

NOTIFICATION OF LOSS O	R THEFT			NLT
Ι	of			
hereby advise (pursuant to regu		m has been		natter reported at the
(Police Station)	l l	PIR/Occurrence No.	refers:	
Particulars of the firearms are:	(Make)	(Calibre)	(Туре)	(Serial No.)
/ / / (Notification Date)	(Firearms	Licence Number)	(Signature of I	Registered Owner)
NOTIFICATION OF ALTER	ATION / DESTRUCTI	ON		ALT / DES
I	of			
hereby advise (pursuant to Reg	ulation 61) that my	(Make)	(Calibre)	(Type)
has bee	n Detai (Altered / Destroyed)	ls of Alteration / Destr	uction:	
l l (Notification Date)		Licence Number)	(Signature of I	Registered Owner)
NOTIFICATION OF DISPOS	AL OF FIREARM TO	PERSON OUTSID	DE SA	SAL
I	hereby advise that	firearm		
		(M	lake) (Calibre	e) (Type)
(Serial No.)		of erson/Company Name)		
<i>I I</i>				
(Notification Date)	(Firearms	Licence Number)	(Signature of	Registered Owner)
NOTIFICATION OF WITNES	SS TO TRANSFER B	Y PRESCRIBED PI	ERSON	WIT
The following firearm: MAKE	<u>:</u>		TYPE:	
			CALIBRE:	
SERI	AL NO.:			
IS TRANSFERRED TO:	Fire	earms Licence Number		
Name:				
Address:				
Address: WITNESSED BY: Licence Nu				
AUTHORISED OFFICER				
SIGNATURE:	DATE: /	1		
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SOUTH AUSTRALIA POLICE

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Licence No.

CANCELLATION	OF LICENCE				CAL
I	o	f			
request that my fire	arms licence be ca	ancelled and that	any refund a	pplicable be paid.	
Firearms Licence N	umber:	is attached.			
If licence is not atta	ched, state reasor	າ:			
		1	1		
		(Notific	ation Date)		(Signature of Licensee)
he firearms previous	sly owned by me h	nave been dispos	ed of as indi	cated below (complete as	applicable)
Date of Sale	Make	Туре	Calibre	Serial Number	Dealer/Purchaser Firearms Licence No.
1 1					
Dealer / Purchaser:	Name:				
Date of Sale	Make	Туре	Calibre	Serial Number	Dealer/Purchaser Firearms Licence No.
1 1					
Dealer / Purchaser:	Name:				
Date of Sale	Make	Туре	Calibre	Serial Number	Dealer/Purchaser Firearms Licence No.
1 1					
Dealer / Purchaser:	Name:				
					Continue on separate sheet if require
DECLARATION					
hereby declare tha	t all particulars giv	ven by me in this i	notification a	re true and correct.	
					1 1
			(Signature of App		(Date)
Cé				police station, other notification 1539, ADELAIDE SA 5001	ons can also be
POLICE USE ON	LY				
					as registered, then licensee to cceptance of licence and form.
Receiving Member				ID	
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