



**APPLICATION for RECOGNITION of FIREARMS CLUB,
COMMERCIAL RANGE or PAINT-BALL OPERATOR**



PENALTIES may apply for FALSE STATEMENTS

I wish to apply to the Registrar for recognition of:

Licence / Permit No.

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Tick Relevant Box Firearms Club Commercial Range Paint-Ball

INDIVIDUAL APPLICANT or NOMINEE

Surname											
First Name						Middle Name(s)					
Residential Address								POSTCODE			
Postal Address <i>(if different)</i>								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, provide details below											
Family Name						Given Name(s)					
Method of changing your name			<input type="checkbox"/> Deed Poll			<input type="checkbox"/> Marriage			<input type="checkbox"/> Reputation		

CLUB DETAILS (if applicable)

Club Name											
Club Address								POSTCODE			
Postal Address								POSTCODE			
Contact Details		Phone			Email						

BUSINESS DETAILS (if applicable)

Company Name											
Trading Name											
Business Address								POSTCODE			
Postal Address								POSTCODE			
Contact Details		Phone			Email						
Type of Business				ABN							

DECLARATION

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

..... / /
(Signature of Applicant) *(Date)*

MUST ATTEND LOCAL POLICE STATION WITH 100 POINTS OF IDENTITY

SOUTH AUSTRALIA POLICE
**APPLICATION for RECOGNITION of FIREARMS CLUB,
COMMERCIAL RANGE or PAINT-BALL OPERATOR**

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)