



APPLICATION for AUTHORITY TO POSSESS BODY ARMOUR

Section 15A (1) of the Summary Offences Act makes it an offence for a person who, without the approval in writing of the Commissioner of Police, has possession of, or uses, body armour. The offence carries a penalty of an \$8,000 fine or imprisonment not exceeding 2 years.

Licence No.

[Empty box for Licence No.]

HEAVY PENALTIES are provided for FALSE STATEMENTS

BODY ARMOUR MUST NOT BE OBTAINED UNTIL WRITTEN AUTHORITY HAS BEEN GIVEN

INDIVIDUAL APPLICANT

Surname

First Name

Middle Name(s)

Home Address

POSTCODE

Rural Property Addr.

POSTCODE

Postal Address

POSTCODE

Police ID No.

0

Date of Birth

/

/

Sex

Telephone Numbers

Home

Mobile

Email Address

COMPANY DETAILS

Company ABN

[Empty box for Company ABN]

PLEASE COMPLETE THIS SECTION ONLY IF APPLYING AS A BUSINESS

Company Name

Trading Name

Firearms Licence No. (if applicable)

Web Address

Company Address

POSTCODE

Company Email Addr.

Company Postal Addr.

POSTCODE

Contact Numbers

Ph

Mob.

Fax

Type of Business

Details of Authorised Person / Director

Family Name

Given Name(s)

Title

Mobile No.

Signature

Date

REASONS TO POSSESS BODY ARMOUR

NOTE: WHERE APPROPRIATE ATTACH SUPPORTING DOCUMENTATION FROM EMPLOYER

BODY ARMOUR DESCRIPTION

Type:

Covert

Overt

Make

Description

Threat Level

Serial Number(s)

DECLARATION

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

Signature of Applicant

Date

SUBMIT APPLICATION AT YOUR LOCAL POLICE STATION WITH PROOF OF IDENTITY

**SAPOL USE ONLY**

**IDENTIFICATION PRODUCED**

\* Proof of identity is required and signature must be witnessed by a member of the Police Force.

- \* Drivers Licence No. ....
- \* Passport No. ....
- \* Birth Certificate (*sighted*) .....
- \* Other (*sighted*) .....

STATION  
STAMP  
HERE

**TO BE COMPLETED BY A MEMBER OF THE POLICE FORCE**

I hereby certify that I witnessed the applicant's signature and am satisfied as to the correctness of the identity of the applicant.

Members Name: ..... Rank/Class: ..... ID No.: .....

Signature: ..... Date:     /     / .....

Police Station Code: 

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**COMPLETED FORM TO BE SENT TO FIREARMS BRANCH (130)**