



# Permission To Privately Purchase Firearm/s

WESTERN AUSTRALIA POLICE  
**STATE CRIME**  
Licensing Enforcement Division  
**Licensing Services**  
303 Sevenoaks St, CANNINGTON WA 6107  
MAIL TO: Locked Bag 9, EAST PERTH WA 6892  
TELEPHONE: 1300 171 011  
FACSIMILE: (08) 9454 1522

This form is only applicable when submitted as a supporting document to an Application.

## Primary Licensee Details (Seller)

Family Name  Date of Birth

All Given Names

Unit / Lot / Level  Street Number  Street Name

Street Type  Suburb

State  Post Code  Email

Home Phone  Work Phone  Mobile Phone

Licence Number  Expiry Date

## Applicant Details (Purchaser)

Family Name  Date of Birth

All Given Names

Unit / Lot / Level  Street Number  Street Name

Street Type  Suburb

State  Post Code  Email

Home Phone  Work Phone  Mobile Phone

Licence Number  Expiry Date

## Description of firearm/s

Firearm Type: Example. Lever Action, Bolt Action, Under/Over Shotgun etc.	Make	Serial Number	Calibre

I am currently the Primary Licensee of the abovementioned firearm/s and hereby grant permission for the applicant to purchase the above firearms and be listed as the sole licensee.

Primary Licensee Signature

Date