



APPLICATION for a PERMIT TO ACQUIRE A FIREARM

To be completed in **FULL** by applicant
HEAVY PENALTIES are provided for **FALSE STATEMENTS**

Licence No.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Expiry Date

| | | | | |
|--|---|--|---|--|
| | / | | / | |
|--|---|--|---|--|

PERSON ACQUIRING POSSESSION (THE APPLICANT)

Surname / Company / Club

| |
|--|
| |
|--|

First Name

| |
|--|
| |
|--|

 Middle Name(s)

| |
|--|
| |
|--|

Home, or if Company, Business Address

| | |
|--|----------|
| | POSTCODE |
|--|----------|

Rural Property Addr.

| | |
|--|----------|
| | POSTCODE |
|--|----------|

Postal Address (if applicable)

| | |
|--|----------|
| | POSTCODE |
|--|----------|

Have you changed your address details since your last application? (including postal) Yes No

Email Address

| | |
|--|------------|
| | Occupation |
|--|------------|

Phone No.

| | |
|--|------------|
| | Mobile No. |
|--|------------|

ABN Number (if applicable)

| | |
|--|---------------|
| | Date of Birth |
|--|---------------|

PERSON TRANSFERRING POSSESSION

Name Surname or Company

| |
|--|
| |
|--|

 First Name

| |
|--|
| |
|--|

 Middle Name(s)

| |
|--|
| |
|--|

Home, or if Company, Business Address

| | |
|--|----------|
| | POSTCODE |
|--|----------|

Licence No.

| | | | |
|--|----|---|-------|
| | OR | Registration Certificate or Dealer's Tag Number | State |
|--|----|---|-------|

FIREARM DETAILS

Make of Firearm

| | | | |
|--|---|---------------------------------------|--|
| | Type (i.e. Rifle, Shotgun, Pistol etc.) | Action (i.e. bolt action, break open) | Configuration (single shot, double barrel) |
|--|---|---------------------------------------|--|

Magazine Capacity

| | | | | |
|--|-------|---------------------------------------|--|-------|
| | Model | Barrel Length (Mandatory for Handgun) | Year of Manuf. (Collectors Handgun only) | Class |
|--|-------|---------------------------------------|--|-------|

Serial No.

| | | | | |
|--|---------|--------------------------------|-----------|-----------|
| | Calibre | Cal. Type (Imp, Metric, Gauge) | Comb Cal. | Cal. Type |
|--|---------|--------------------------------|-----------|-----------|

PURPOSE OF USE - Tick box - Supporting documentation (where appropriate) must be attached to this application
1. Club Use 2. Target Shooting 3. Hunting 4. Paint Ball
5. Primary Production 6. Security Industry 7. Other Approved by Registrar Collection (Collectors Licence only)

LOAN / HIRE / CUSTODIAN

If firearm is for LOAN, HIRE (including to custodian), state time period: FROM / / TO / /

DECLARATION

I hereby declare that I am the applicant and that all particulars given by me in this application are true and correct. Signature of Applicant _____ Application Date / /

REMINDER: IF YOU DO NOT ACQUIRE THE FIREARM, PLEASE SIGN AND RETURN THIS FORM FOR CANCELLATION

I do not wish to proceed with this application to acquire a firearm Signature _____ Date / /

- THIS FIREARM MUST NOT BE OBTAINED UNTIL THIS APPLICATION HAS BEEN APPROVED BY FIREARMS BRANCH. SEE REAR OF FORM FOR APPROVAL DETAILS.
- A WAITING PERIOD OF TWENTY EIGHT (28) DAYS MAY APPLY
- THE APPLICATION MAY BE LODGED AT ANY POLICE STATION OR MAILED TO:- FIREARMS BRANCH, SA POLICE, GPO BOX 1539, ADELAIDE SA 5001

PERMIT TO ACQUIRE A FIREARM - FIREARMS BRANCH USE ONLY

| | | |
|---------------------------------|---|---|
| Application Refused | / | / |
| Reason / Action Taken | | |
| Date Permit Approved | / | / |
| Date Permit Expires | / | / |
| Adjudicator's Initials & ID No. | | |

**WITNESS TO TRANSFER OF FIREARM - FOR OFFICIAL USE ONLY**

I have witnessed the transfer of the firearm described in this form and have satisfied myself by inspecting this permit and the licence of the person acquiring the firearm that he/she is entitled to acquire and possess it. I undertake to comply with the recording and reporting requirements under the Firearms Act 1977.

| | | |
|-----------------------------|--|----------|
| Name | | |
| Address | | POSTCODE |
| Licence No. / Police ID No. | | |

Authorised Officer (Club) Firearms Dealer Police Officer Authorised Public Service Employee (Tick appropriate)

Signature: Date: / /

IMPORTANT INFORMATION

Transfer of possession of the firearm must take place in the presence of a Licensed Dealer in firearms, or a responsible officer of a recognised Firearms Club authorised by the Registrar or a member of the Police Force or an Authorised Public Service Employee.

If you take ownership of the firearm you must register it as soon as is practicable or within 14 days at a Police Station, by producing this form and paying the appropriate fee.

Production of the firearm at a Police Station is restricted to daylight hours.

When transporting the firearm to a Police Station it must be securely boxed, bagged or wrapped and bound and must only be removed from such covering by a member of the Police Force or an Authorised Public Service Employee.

No ammunition is to be in the firearm or to accompany the firearm.

The firearm must be rendered safe by one of the following methods where possible:

- (a) Removing the magazine and bolt.
- (b) Dismantling the firearm.
- (c) Having the action locked or blocked open.

APPLICATION TO REGISTER THE FIREARM DESCRIBED IN THIS FORM

Signature of Applicant: Date: / /

POLICE STATION USE ONLY

ENSURE THE ABOVE WITNESS TO TRANSFER OF FIREARM HAS BEEN COMPLETED.

| | | | |
|---|--|-------------------------|--|
| | Police Station Code: [][][][][][] | | |
| | *Serial Number must be included on Receipt | | <input type="checkbox"/> Firearm and Licence have been sighted. All details are correct with those shown on this form. |
| | Registration Fee of \$ | Receipt No. Issued | |
| | SAPOL Employee's Signature | Rank / Class | ID No. |
| | | | / / |
| FORWARD TO FIREARMS BRANCH (130) | | | |