



ORIGINAL/ADDITION (Official use only)	
Station	_____
MDL No	_____
Surname	_____
Initials	_____
Ph. (H)	_____
(W)	_____
(M)	_____

FORM 1

WESTERN AUSTRALIA FIREARMS ACT 1973

APPLICATION FOR A FIREARM LICENCE or FIREARM COLLECTORS LICENCE

A PENALTY IS PROVIDED UNDER REGULATION 23 OF THE FIREARM REGULATIONS 1974 FOR FALSE OR MISLEADING INFORMATION

PART 1 TO BE COMPLETED BY APPLICANT

TYPE OF LICENCE (tick appropriate box)

FIREARM LICENCE tick

FIREARM COLLECTORS LICENCE tick

CATEGORY OF FIREARM A B C D E H

I _____ AGE _____ Male / Female

Of (Residential Address) _____ Postcode _____

(Postal Address) _____ Postcode _____

hereby apply for a licence to possess the firearm/s described in Part II in accordance with the Firearms Act 1973.

Is the above your permanent residential/postal address. YES/NO

I was born where _____ on _____
(Locality and Country) (Date of Birth)

1. Give any other name, which you are or have been known? _____

2. Are you the holder of a Firearm Licence? Yes No
If so state number _____ Expiry date _____

3. Are you the holder of a Firearm Collectors Licence? Yes No
If so state number _____ Expiry date _____

4. Have you ever been refused a Licence for a Firearm anywhere? Yes No

If yes, when and where? _____

5. Has a licence for a firearm held by you anywhere ever been revoked or cancelled, or have you ever been disqualified from holding a licence for a Firearm? Yes No

6. Have you been convicted of **ANY OFFENCE/S ANYWHERE**, including TRAFFIC Yes No

7. Do you suffer from any physical or mental disability that would affect your control of a Firearm? Yes/No
If yes, please state full details _____

8. What are your reasons for wishing to possess the firearm?
 Primary Production Recreation/Sport Club purpose Occupation

Other please explain fully reasons: _____

I certify that all the above particulars contained in this application are true and correct.

Signature: _____ Witnessing Member _____

Date: ____/____/20____ Rank and Number _____

PART II – TO BE COMPLETED BY ATTENDING OFFICER

TYPE OF FIREARM:

Rifle single shot, repeater (lever or bolt), self loading or air/gas rifle
 Shotguns: single shot, repeater, pump action, over/under, side by side, double barrel
 Pistol/Revolver: single shot, self loading, revolver or other

CALIBRE
 eg: .22 magnum

	TYPE OF FIREARM (include action)	MAKER'S NAME	SERIAL NUMBER	CALIBRE
1				
2				
3				
4				
5				
6				
7				
8				

CRIMINAL/TRAFFIC RECORDS CHECKED attached yes/no N.E.P.I. CHECKED attached yes/no

STATUTORY DECLARATON – Form 17A ATTACHED (optional) Yes/No

FIREARMS "NOT TO ISSUE" CHECKED attached yes/no RESTRAINT ORDER CHECKED attached yes/no

PART III – TO BE COMPLETED BY AUTHORISED OFFICER

Result Of Application: Refused/Granted by _____ Reg. No. _____ DATE: _____
 (Strike out which ever not applicable) A member of the Police Force authorised by Reg 25 – PRINT NAME AND REGIMENTAL CLEARLY

If refused, reason for refusal _____

Restriction, limitation or condition, if applicable _____

(Strike out which ever not applicable) Permit Number _____ OR No permit required, both parties present.

- Purchased from } _____
- Co-used with } _____ licence no _____
- Licensed Dealer } _____
- Deceased Estate } Address _____

Addition to licence OR Issued Original (strike out which ever is not applicable)

Licence No: _____ this _____ date of _____ 20____

Fee: \$ _____ received General Receipt No _____ issued, Banked on Abstract No _____

Completing Officer _____ Rank & No _____

Checked by OIC _____ Rank & No _____