

Club/Association Application Support

WESTERN AUSTRALIA POLICE FORCE LICENSING SERVICES

LICENSING ENFORCEMENT DIVISION

303 Sevenoaks Street Cannington, Western Australia 6107
Post: Locked Bag 9 East Perth WA 6892
Email: <u>LicensingServices@police.wa.gov.au</u>

Telephone: 1300 171 011

This document is to be completed by an approved member of a firearm association or a club and is only valid when submitted as a supporting document to a firearm application

COMPLETE FORM IN CAPITAL LETTERS

Club Details							
Club Name			Club No. If applicable eg B030				
Association			Corporate				
Details If applicable			Licence No.				
Contact Name		Contact Position/ Role	Club Contact Phone				
Email			Mobile Phone				
Unit / Lot / Level	Street Number	Street Name					
Street Type	Suburb		State	Postcode			

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Family Name

Date of Birth

DD/MM/YYYY

All Given Names

Firearms Expiry State of Licence Number Date Issue

Home Phone Work Phone Phone

Email

Unit / Lot / Level Street Street Number Name

Street Type Suburb State Postcode



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De	scription of firearm	/s						
No.	Make		Serial Numbe	Serial Number Type e		n Calibre		
1								
2								
3								
4								
5								
6								
De	scription of Discipli	ine for firearm/s						
No.	Association	Discipline	Sub Category 1	Sub Category 2	Sub Category 3	Sub Category 4		
	EXAMPLE: WAPA	Pistol Australia	WA 1500	Optic	60 Shot	Revolver		
1								
2								
3								
4								
5								
6								
			,					
De	claration							
The applicant named in this application is an active and financial member of the above mentioned club. The applicant has fulfilled association By-law requirements, therefore the applicant has the approval and the support of the club to participate in approved club or association events, activities or competitions								
Date applicant joined club								
Club	Officer Signature		Date					