



# Nominated Persons Application

To Possess, Carry or Use a Corporately Licensed firearm in the course of employment

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: [licensingervicesfirearms@police.wa.gov.au](mailto:licensingervicesfirearms@police.wa.gov.au)

TELEPHONE: 1300 171 011

## Business Details

Name  Licence Number  Expiry Date

Contact Person  Contact Persons Role

Phone  Fax  Mobile Phone

Email

## Applicant Details

Do you hold a current Firearm Licence under the WA *Firearms Act 1973*?  Yes  No

If Yes, provide Licence Number

Expiry Date

Title

Are you known by a single name?

Yes  No

If yes, provide name:

Family Name

All Given Names

Have you been known by any other name/s?  Yes  No if Yes, provide name/s

### Other Name 1

Family Name

All Given Names

### Other Name 2

Family Name

All Given Names

Date of Birth

Gender

Male

Female

X

Were you born in Australia?

Yes

No

If Yes, provide place of birth suburb/town/locality and state of birth

Place of Birth

State of Birth

If No, provide place of birth suburb/town/locality and country of birth

Place of Birth

Country of Birth

Do you hold a current WA Drivers Licence?

Yes

No

If Yes, provide Licence Number

Home Phone

Work Phone

Mobile Phone

Email



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## Applicant Details

What is your residential Address? Unit / Lot / Level  Street Number

Street Name  Street Type

Suburb  State  Post Code

Is your postal address the same as your residential address?  Yes  No

If no, provide your postal address below. Number Type  Number

Street Number  Street Name  Street Type   
Road, Street, Court etc

Suburb  State  Post Code

Have you ever lived at other Australian addresses during the last 2 years?  Yes  No

If yes, provide your previous address below.

**Other address 1** Unit / Lot / Level  Street Number

Street Name  Street Type

Suburb  State  Post Code

**Other address 2** Unit / Lot / Level  Street Number

Street Name  Street Type

Suburb  State  Post Code

## Applicant History

In the last 5 years have you been treated for any medical condition or regularly used prescription medication or other drugs that could affect your fitness to hold a Firearms Licence?  Yes  No

If Yes, Provide details

Have you been diagnosed with any physical or mental condition that could affect your fitness to hold a Firearm Licence?  Yes  No

If Yes, Provide details

Have you previously held a Firearms Licence under the WA Firearms Act 1973?  Yes  No

If Yes, provide Licence Number  Year last held

If not known, enter 'unknown'



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## Applicant History

Have you had a Firearm Licence or Firearm Application refused, cancelled or disqualified?  Yes  No

If Yes, Provide details

Where, when and why

Have you ever been convicted of any offences in Australia or overseas? *Include spent convictions*  Yes  No

If yes, how many offences?

Note: There is the ability to list 5 offences on this form. Any other offences must be listed on a separate sheet of paper and attached to your application.

Charge 1

Location

Charge 2

Location

Charge 3

Location

Charge 4

Location

Charge 5

Location

Have you ever been found guilty of any offence without a conviction being recorded in Australia or overseas?  Yes  No

If yes, how many offences?

Note: There is the ability to list 5 offences on this form. Any other offences must be listed on a separate sheet of paper and attached to your application.

Charge 1

Location

Charge 2

Location

Charge 3

Location

Charge 4

Location

Charge 5

Location

Do you have any outstanding charges against you in Australia or overseas?  Yes  No

If yes, how many charges?

Warning: If you are facing current charges, your Application may not progress.

Are you currently subject to Violence Restraining Order (WA) or equivalent in any other State/Territories?  Yes  No

If yes, have you been approved by court to possess firearms whilst the VRO is current?  Yes  No

If Yes, Provide details

Have you previously been a respondent to the Violence Restraining Order (WA) or equivalent in any other States/Territories?  Yes  No

If Yes, Provide details

**To complete this application, you must attach a Firearms awareness certificate and 100 points of identification.**

Applicant's Signature

Date



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- Persons submitting a 'Nominated Persons' application are required to complete a 'Firearms Awareness Test'.
- The test and supporting information is available through Firearm Dealers, Repairers and Manufacturers, or other authorised persons of Approved Firearm Clubs or Associations.
- At the successful completion of the test a 'Firearms Awareness Certificate' will be issued. A copy of this certificate must be submitted with the 'Nominated Persons Application'.
- Nominated persons who hold a current Firearms License and who have previously obtained a Firearms Awareness Certificate will not be required to complete the Firearms Awareness Test again.