



# Occupational Disclosure Professional Shooter

WESTERN AUSTRALIA POLICE FORCE  
LICENSING SERVICES  
LICENSING ENFORCEMENT DIVISION  
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This form is only applicable when submitted as a supporting document to an Application.  
This document supports an Occupational Use - Professional Shooter Application.

## Applicant Details

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

## Applicants Occupation Details

Occupation:


Length of time in Occupation:  Months/Years

Department of Parks and Wildlife Licence Number  Expiry Date

Species:

Species:

Species:

 For this application to be considered, you must attach a copy of your Department of Parks and Wildlife Licence, including a list of approved properties to your application.

Applicants Signature  Date