



Application to Retain Additional Barrel

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

TELEPHONE: 1300 171 011

Firearm Dealer Details

Business Name	<input type="text"/>	Licence Number	<input type="text"/>	Expiry Date	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>	Mobile Phone	<input type="text"/>
Email	<input type="text"/>				
Contact Person	<input type="text"/>				

Applicant Details

Family Name	<input type="text"/>			Date of Birth	<input type="text"/>
All Given Names	<input type="text"/>				
Unit / Lot / Level	<input type="text"/>	Street Number	<input type="text"/>	Street Name	<input type="text"/>
Street Type	<input type="text"/>		Suburb	<input type="text"/>	
State	<input type="text"/>	Post Code	<input type="text"/>	Place of Birth	<input type="text"/>
				Country of Birth	<input type="text"/>
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>	Mobile Phone	<input type="text"/>
Email	<input type="text"/>				
Licence Number	<input type="text"/>			Expiry Date	<input type="text"/>

Parent Firearm Details

Make	<input type="text"/>	Calibre	<input type="text"/>	Serial Number	<input type="text"/>
Firearm Type	<input type="text"/>			Model	<input type="text"/>

Additional Barrel Details

Make	<input type="text"/>	Calibre	<input type="text"/>	Serial Number	<input type="text"/>
Applicant's Signature	<input type="text"/>			Date	<input type="text"/>

Please ensure that you have read the instructions on completing and submitting this form

Submission of all documentation for an Application to Retain Additional Barrel to:



Licensing Services
Locked Bag 9
EAST PERTH WA 6892



LicensingServicesFirearms@police.wa.gov.au