



Permission To Co-Use Firearm/s

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

This form is only applicable when submitted as a supporting document to an Application.

Primary Licensee 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

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

Description of firearm/s

| Firearm Type: Example. Lever Action, Bolt Action, Under/Over Shotgun etc. | Make | Serial Number | Calibre |
|---|------|---------------|---------|
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I am currently the Licensed Owner of the abovementioned firearm/s and grant permission for the applicant to be listed as a Co-User.

Primary Licensee Signature

Date