



Firearm and Baton Endorsement Application

WESTERN AUSTRALIA POLICE FORCE
LICENSING SERVICES
Licensing Enforcement Division
303 Sevenoaks St, CANNINGTON WA 6107
MAIL TO: Locked Bag 9, EAST PERTH WA 6892
TELEPHONE: 1300 171 011

SECURITY AND RELATED ACTIVITIES (CONTROL) ACT 1996

This form is applicable to current Security Officer Licence holders who wish to add a firearm or baton endorsement.

- If you are currently subject to a Violence Restraining Order, you may not be eligible to obtain a firearm endorsement. Please contact Licensing Services for further information.
- You must hold or be applying for a Security Officer licence.

Section 1: Personal Details

Surname Date of Birth

First Names Gender

Postal Address

Street Number Street Name Street Type

Suburb State Postcode

Residential Address Residential Address same as Postal Address?

Street Number Street Name Street Type

Suburb State Postcode

Mobile Phone Other Phone

Email Address

Section 2: Endorsement

Firearm

Baton

Security Licence Number

Section 3: Firearm Endorsement Employer Details

Include all companies for which you wish to be endorsed to carry firearms
(A letter must be attached from each company that wishes to employ you in an armed capacity)

1

Corporate Firearms Licence Number

Semi Automatic

Revolver

2

Corporate Firearms Licence Number

Semi Automatic

Revolver



Firearm and Baton Endorsement Application

WESTERN AUSTRALIA POLICE FORCE
LICENSING SERVICES
Licensing Enforcement Division
303 Sevenoaks St, CANNINGTON WA 6107
MAIL TO: Locked Bag 9, EAST PERTH WA 6892
TELEPHONE: 1300 171 011

SECURITY AND RELATED ACTIVITIES (CONTROL) ACT 1996

Section 4: Baton Endorsement Employer Details

Include all companies for which you wish to be endorsed to carry a baton
(A letter must be attached from each company that wishes to employ you in an armed capacity)

Do you own the Baton? Yes No Serial Number

--	--	--	--	--	--	--	--	--	--

If no, owner

Storage location of Baton

1 Rigid Extendable

2 Rigid Extendable

Section 5: Declaration

I, Certify that the information contained in this application has been provided by myself and is true and correct in every particular and that I completed this application in my own handwriting. I am aware that it is an offence under Section 51 of the Security and Related Activities (Control) Act, 1996 to provide false or misleading

Applicants Signature Date

WA Police Force Witness Signature Date

Print name, PD and contact details