



Nominated Persons Application

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: LicensingServices@police.wa.gov.au
Telephone: 1300 171 011

It is a requirement for the applicant to be 18 years and over when lodging this application.

COMPLETE FORM IN CAPITAL LETTERS

Licence Details

Licence Holder

Licence Number Expiry Date Mobile Phone Other Phone

Email

Approved
'Point of Contact'

Approved
'Point of Contact'
Signature

Approval Date

Reason

Position/Role of applicant

Reason for firearm access

Applicant Details

Do you hold a current Firearm Licence under the WA Firearms Act 1973? Yes No If Yes, provide Licence Number Expiry Date

Do you hold a current WA Drivers Licence? Yes No If Yes, provide Licence Number Expiry Date

Mobile Phone Work Phone Home Phone

Email

Title Family Name

All Given Names

Are you known by a single name? Yes No If Yes, provide name

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

Other Name 1

Family Name

All Given Names

Other Name 2

Family Name

All Given Names

Date of Birth Gender
DD/MM/YYYY



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Applicant Details *continued*

Were you born in Australia?

Yes Provide place of birth State

No Provide place of birth Country

Residential Address

Unit / Lot / Level Street Number Street Name
Street Type Suburb State Postcode

Postal Address *Tick if Postal Address is the same as Residential Address*

Unit / Lot / Level Street No. /PO Box Street Name
Street Type Suburb State Postcode

Have you ever lived at other Australian addresses during the last 2 years? Yes No If Yes, provide your previous addresses below

Other Name 1

Unit / Lot / Level Street No. /PO Box Street Name
Street Type Suburb State Postcode

Other Name 2

Unit / Lot / Level Street No. /PO Box Street Name
Street Type Suburb State Postcode

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 firearm 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 had a firearm licence or firearm application refused, canceled or revoked?

Yes No If Yes, provide details



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Applicant History *continued*

Have you previously held a firearm licence under the WA Firearms Act 1973? Yes No If Yes, provide Licence Number Year last held

Have you ever been convicted of any offences in Australia or overseas? *include spent convictions* Yes No If Yes, how many?

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?

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?

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



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Declaration

Please ensure you read the following information and provide any additional documentation as required.

- A Nominated Persons Approval is required for a person who is required to possess, carry, use or have access to any firearm or ammunition associated with a Corporate, Dealer, Repairer, Manufacturer or Shooting Gallery Licence (this includes the Licence Holder).
- Reason for the applicant to hold a Nominated Persons Approval is required
- Applications for a Nominated Persons Approval must be signed by the Approved 'Point of Contact' for the licence.
- Unless a current Western Australian Firearms Licence Holder, all applicants must complete a 'Firearms Awareness Test' and/or provide a 'Firearms Awareness Certificate' with their application (tests and supporting information may be obtained from Firearms Dealers, Repairers, Manufacturers and authorised persons of Approved Firearms Clubs or Associations).
- Suitable identification (as per Australia Post 100 points identity verification) must be submitted with your application

Checklist

100 points of Identification

Awareness Certificate (*attached if applicable*)

Reason Nominated Person requires access to firearms

Completed and signed Application (*4 pages*)

I certify that I am the applicant named in this form and that all information in this application and attachments is true and correct. I have read and understood the contents of this form and its advisory notes. I understand that it is an offence to provide incorrect or misleading information.

Applicant's Signature

Date