

# Training Course in Firearms Discharge Form

## SECURITY AND RELATED ACTIVITIES (CONTROL) REGULATIONS 1997 Regulation 3(3)

### Student Details

Family Name	All Given Names	Date of Birth
Address	Contact Details	Security Licence #

The applicant acknowledges they will:

- (1) Attend a range practice at least once every six months and will receive ongoing proficient instruction as to the safe handling and use of firearms;
- (2) Provide a medical certificate relating to a medical examination carried out in the last month, which declares that:
  - (a) that in the opinion of the Medical Practitioner, the person is physically and psychologically fit to be in possession of a firearm;
  - (b) that the examination included the person's hearing and vision; and
  - (c) a statement from the Medical Practitioner as to the period of time the Medical Practitioner has known the person.
- (3) Undergo a medical examination at least once every 12 months and within one month of undergoing that examination, give to the Commissioner (Licensing Services), a medical certificate relating to that examination.

(Regulations 10, 11 and 15 of the *Security and Related Activities (Control) Regulations 1997*)

I agree that I will comply with the above conditions and have completed the training as evidenced below.

**Signature of Applicant:** ..... **Date:** .....

**Note:** Your agent must also provide an accompanying letter outlining the reasons that the endorsement is sought.

### Agent Details

Name of Agent	Agent Licence #	Company Name	Corporate FAL #

### Training Advice Section

(Note: this section is to be completed by the trainer)

### Course Details

New Firearm Student  Requalification Course  The agent(s) have/has been notified (Requalification Course only)

Date and Time of Training Course	Locations used to conduct Training Course (include name of range)

### Handgun Details

Type	Make	Calibre

### Areas of Assessment

<b>Area of Assessment</b>	
Range Safety Firearms	Competent <input type="checkbox"/>
Firearms Safe Handling	Competent <input type="checkbox"/>
Use of Force	Competent <input type="checkbox"/>
Course of Fire at targets over various distances	Competent <input type="checkbox"/>
Other (explain)	Competent <input type="checkbox"/>

### Approved Firearms Discharge Trainer Details

**Name of Trainer:** ..... **Signature of Trainer:** ..... **Date:** .....

**Note:** The Trainer and the Student (applicant) cannot be the same person.

### Registered Training Organisation (RTO) Details

**Name of RTO:** ..... **Signature of Principal of RTO:** .....