

AFP852 (1/09)

FIREARM PERMIT

ACT Firearms Act 1996 - Part 9

ACT Firearms Registry GPO Box 401, Canberra ACT 2601 Phone: 02 62567777 Fax: 02 62567758 Email: actfirearmsregistry@afp.gov.au

PERMIT NUMBER: FXXXX

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Orange Original - Applicant (Returned to the registry within 7 days of the expiry date. Pink Duplicate - Applicant (Returned to the registry within 7 days of the acquisition) White Duplicate - Book

APPLICANT DETAILS			
Firearms licence number		oplicable)	Date of Birth
Surname			
Given Name(s)			dd mm yyyy
PERMIT ADDRESS			
Street Number			
Street Name			
Suburb			
State	Pc	ost Code	
Reason for Permit			
	Firearm 1		earm 2 not required
Type/Action		Type/Action	
Make		Make	
Model		Model	
Calibre/colour		Calibre/colour	
Barrel Length		Barrel Length	
Serial number		Serial number	
Firearm Category	B C H	Firearm Category	A B C H
Permit Conditions			
THIS PERMIT IS ISSUED FOR THE REASON AND FIREARMS LISTED ABOVE ONLY			
	APPROVED N	IOT APPROVED Perm	
Signature of Approving Officer Approval Date			
			nit Expiry
Printed Name and Badge Number Date Date			

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