AFP AUSTRALIAN FEDERAL POLICE	COACCOUIRE A FIREARM ACT Firearms Act 1996 - Part 10 ACT Firearms Registry GPO Box 401, Canberra ACT 2601 Jone: 02 62567777 Fax: 02 62567758 Email: actfirearmsregistry@afp.gov.au			PERMIT NUMBER: AXXXXXX White Original to registry within 7 days of acquiring a firearm) Pink Duplicate - Applicant/Dealer (to remain with Dealer after acquisition) White Duplicate - Book	
APPLICANT DETAILS					
Firearms licence number					
Surname				Date of Birth	
Given Name(s)					dd mm yyyy
				CONTACT	DETAILS
Street Number				Phone	
Street Name					
Suburb					
State		Post C	code		
Reason for Acquisition?					
FIREARM DETAILS					
Type/action			Firearm to be purchase	d from?	
Make					
Model			Firearm owner's licence number?		
Calibre/colour			Firearm owners address	s?	
Barrel Length					
Serial number			Firearm Dealer to be us	ed during th	he acquisition ?
Firearm Category					
A Has the firearm been modified in a	B C H ny way? Yes	No	Firearm Dealer's licence number?		
If yes, please provide details			Dealer Return number? To be completed by the dealer		
			collection of the firearm.		
	ACT Fire	earms Re	gistry Use Only.		
Receipt Number		Amount \$	Re	ceipt Date	
Date of Application			Processed by: Include Rank, Name &	Badge Number	dd mm yyyy
	уууу [
	APPROVED	NOT AF	PROVED	it Issue Da	
Signature of Approving Officer	L	oval Date		L I SSUE Da	dd mm yyyy
			Permi	it Expiry Da	
Printed Name and Badge Number	dd r	nm yyyy			dd mm yyyy
AFP850 (1/09) AF2009-17 Approved by (Commander Bruce Hill, ACT Fire	earms Registrar c	n 2 November 2009 under s271	of the ACT Firea	arms Act 1996

	AUSTRALIAN	PE FEDERAL POLICE	ACT C Phon	ACT Firearms Act ACT Firearms SPO Box 401, Canl e: 02 62567777		ARM	to registry firearm) Pink Dupli remain with	permit NUMBER: AXXXXXX ginal - Applicant (ret within 7 days of acquirin cate - Applicant/Dea Dealer after acquisitio blicate - Book	ing a aler (to	
F	APPLICANT DETAI	LS								
Fir	earms licence numb	per								
Su	Irname					Date of Birth	י 🗌			
Giv	ven Name(s)					CONTACT	de		y	
S	STORAGE ADDRES	S				CONTACT		> 		
St	reet Number					Phone				
St	reet Name									
Su	iburb									
St	ate			Post (Code					
	eason for Acquisition	?								
	IREARM DETAILS									
BY DEALER	Type/action				Firearm to be purch	ased from?				
BY DΕ	Make									
	Model				Firearm owner's lice number?	ence				
RETAINED	Calibre/colour				Firearm owners add	Iress?			_	
BEF	Barrel Length									
T0	Serial number				Firearm Dealer to be used during the acquisition ?					
DUPLICATE	Firearm Category	A B	С Н		Firearm Dealer's lic	ence				
DU	as the firearm been	modified in any way	? Yes	No	number?					
	If yes, please provi	de details			Dealer Return numl	per?				
					To be completed by the d collection of the firearm.	ealer on				
			ACT Fir	earms Re	gistry Use Only					
Re	ceipt Number			Amount \$		Receipt Date				
Da	te of Application				Processed by:		dd	mm yyyy		
		dd mm y	ууу		Include Rank, Nam	e & Badge Number	r			
_										
			APPROVED	NOT AF	PROVED Pe	rmit Issue Da	te 🕅			
Sig	nature of Approving	Officer	Appro	oval Date				d mm yyyy	 y	
Prin	nted Name and Bad	ge Number				rmit Expiry Da				
				mm yyyy rearms Registrar o	n 2 November 2009 under :	s271 of the ACT Fire	do arms Act 19		y	