

SURRENDER OF ACT FIREARMS LICENCE

ACT Firearms Act 1996

ACT Firearms Registry Use Only Licence Number:

APPLICANT Firearms licer Surname Given Name(s	nce number Date of Birth
Given Name(s) [dd mm yyyy
I wish to surrender my ACT Firearms Licence for the following reason:	
Mo	oved Interstate
Ne Ne	evious ACT Address ew Address ew Licence Details nat state is this licence issue in? ACT NSW VIC TAS QLD NT SA WA
De	rearm(s) Sold/Disposed ealer Return Number more than one firearm has been sold or disposed of, enter the dealer return numbers in the box below.
	cence No Longer Required ther Reason (please provide details below)
	Signature of Licence Holder dd mm yyyy