

Send your completed form to:  
Licensing & Regulation Division  
GPO Box 2807  
MELBOURNE VIC 3001  
Email: [licensingregulation@police.vic.gov.au](mailto:licensingregulation@police.vic.gov.au)



VICTORIA POLICE

(Victorian Licence Holders only)

VP Form 1395

Barcode

## CHANGE OF DETAILS FORM

### INDIVIDUAL LICENCE / REGISTRATION / APPROVAL

*Private Security Act 2004, Firearms Act 1996, Control of Weapons Act 1990*

#### **Please complete form in BLOCK letters**

Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Licence / Registration / Approval Number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

#### **Change of Address**

##### **New address details — Please complete all three addresses**

1. Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

2. Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ Work Telephone Number: (\_\_\_\_) \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. Storage Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Note:** If you do not own firearms, write "Not Applicable" or "N/A" in the space provided.

Will all of the firearms attached to your licence be ordinarily stored at this new address?

**YES**  (By ticking 'Yes' your previous firearms storage address will be removed from your records).

**NO**  If you ticked 'No', please attach a separate page to this application and provide the firearm details (including serial numbers) and ordinary storage address for each firearm.

#### **Change of Name**

Previous Family Name: \_\_\_\_\_

Previous Given Name(s): \_\_\_\_\_

Name was changed by: Marriage  Name Change/Deed Poll

**Note:** A change of name **must** be supported by a certified copy of the certificate relating to your change of name. Documents must be submitted by post.

#### **Change of Employer Details**

Previous Employer: \_\_\_\_\_ Date Ceased: \_\_\_\_/\_\_\_\_/\_\_\_\_

New Employer: \_\_\_\_\_ Date Commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy Statement:** The personal and health information requested is being collected and used by Victoria Police for the purposes of assessment of an application for a licence, registration, permit or approval. It will be used in accordance with relevant legislation, including the *Firearms Act 1996*, *Private Security Act 2004*, *Control of Weapons Act 1990*, *Health Records Act 2001* and the *Privacy and Data Protection Act 2014*. The information may be disclosed to employers, approved bodies and other statutory authorities for the purposes of law enforcement and the administration of justice. To gain access to personal and health information held by Victoria Police, you must apply in writing to the Freedom of Information Division of Victoria Police, at [www.police.vic.gov.au](http://www.police.vic.gov.au).

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## CHANGE OF DETAILS FORM

### BUSINESS LICENCE / REGISTRATION / APPROVAL

*Private Security Act 2004, Firearms Act 1996, Control of Weapons Act 1990*

#### Please complete form in BLOCK letters

Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Licence / Registration / Approval Number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

#### Change of Address

#### New address details — Please complete all three addresses

1. Business Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

2. Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Work Telephone Number: (\_\_\_\_) \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. Storage Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Note:** If you do not own firearms, write "Not Applicable" or "N/A" in the space provided.

Will all of the firearms attached to your licence be ordinarily stored at this new business address?

**YES**  (By ticking 'Yes' your previous firearms storage address will be removed from your records).

**NO**  If you ticked 'No', please attach a separate page to this application and provide the firearm details (including serial numbers) and ordinary storage address for each firearm.

#### Change of Business Name

For any change in company or business trading name, you **must** contact Licensing & Regulation Division on 1300 651 645.

**Nominated Person's/Officer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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