SEND YOUR APPLICATION TO:
Licensing & Regulation Division
GPO Box 2807
MELBOURNE VIC 3001
Email: licensingregulation@police.vic.gov.au
Fax: (03) 9247 6485
www.police.vic.gov.au

VICTORIA POLICE

APPLICATION FOR A DUPLICATE LICENCE/REGISTRATION/APPROVAL

Name: _____ **Date of Birth:** __/__/____

Business Name (if applicable) _____

Residential Address_____

_____State_____Postcode_____

Postal Address_____

_____State_____Postcode_____

Firearms Storage Address (if applicable) _____

_____State_____Postcode_____

Telephone: (_____) _____ **Mobile Number**: (_____) _____

E-mail Address: _____

Licence/Registration/Approval Number(s) (if known): _____

Licence/Registration/Approval Type:

Firearms Licence	☐ **Individual**	☐ **Business**
	Please specify category _____	
Private Security Licence	☐ **Individual**	☐ **Business**
Private Security Registration	☐ **Individual**	☐ **Business**
Weapons Approval	☐ **Individual**	☐ **Business**

Licence/Registration/Approval Document was:

☐ **Lost**　　☐ **Stolen**　　☐ **Damaged/Destroyed**　　☐ **Other***

***Please provide details**_____

I declare that the information in this application is true and correct and I make this declaration knowing that it is an offence under section 140A(1) of the *Firearms Act 1996,* section 135 of the *Private Security Act 2004* and/or section 8E(2) of the *Control of Weapons Act 1990* to knowingly supply information that is false or misleading.

Signature_____ **Date** ____/____/_____

Please note: A Payment Notice will be mailed to you after your request has been processed. The Payment Notice will outline the prescribed fee, payment and photograph requirements (not applicable to weapons approvals).