

## APPLICATION TO ATTEND FIREARMS SAFETY COURSE (LONGARMS ONLY)

*PLEASE PRINT ALL DI	ETAILS *APPLIO	CANT TO COMPLETE
*DATE OF APPLICATIO	ON:/	
*FULL NAME:		
*D.O.B://		
*RESIDENTIAL ADDRE	SS:	
		POST CODE
		POST CODE
		(M)
^EMAIL ADDRESS:		······································
Victoria Police may provide fir Divisional Firearms Officer for further ARE YOU BRINGING A	rther information.	requiring an Auslan interpreter. Contact your local  YES  NO
<ul> <li>Applicant will have to pro</li> <li>Written notification of cor</li> <li>There is no cost involved for the Course duration will</li> <li>Participants will be required</li> </ul>	duce Photographic Identification are date, time, and location for attending the Firearms States be approximately 2 to 3 hours of the beconversant with the	will be forwarded when a Course is available. Safety Course.
 Di	visional Firearms C	Office Use Only
		AL FIREARMS OFFICE://
COURSE VENUE:		
APPLICANT NOTIFIED		