

Licensing & Regulation Division  
 GPO Box 2807  
 MELBOURNE 3001  
 Web: [www.police.vic.gov.au](http://www.police.vic.gov.au)  
 Email: [lrd@police.vic.gov.au](mailto:lrd@police.vic.gov.au)



VICTORIA POLICE

### **FIREARMS/SECURITY/WEAPONS - BUSH FIRE NOTIFICATION FORM**

This form is to be completed by licence holders injured or displaced or persons acting on behalf of licence holders that have been victims of the Bush Fire emergency. **Note: An 'Amnesty' is in place to cover people in this situation.** Please return this form to the Licensing & Regulation Division either via post or email (preferred) to the above address(s) or hand into a Police Station.  
**(Please use block letters)**

Name of Licence Holder: .....

(Normal) Residential Address: .....

(Temporary) Residential Address: .....

Postal Address: .....

Firearm(s) Storage Address: .....

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone:.....E-Mail:.....

Licence(s)/Authority Type held: *(Tick box(es))*

Firearm ☐

Security ☐

Weapons ☐

Licence/Authority Number(s): *(If known)* .....

***Tick the appropriate box(es) below:***

Plastic Licence destroyed: ☐

Authority destroyed: ☐

Firearm(s) destroyed: ☐

Weapon(s) destroyed: ☐

Number of firearms destroyed: ..... Number of weapons destroyed: .....

Licence/Authority holder is deceased: ☐

Name of person to contact: .....

Address: .....

Telephone No (s):.....

The particulars in this form are true and correct at the time of being provided and if evidence to the contrary is obtained or circumstances change after making this notification, I will notify the Licensing & Regulation Division as soon as practicable.

Signature: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Privacy Statement:** The information collected in this form is being collected by Victoria Police. 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).

**Please provide the following details of firearms destroyed/damaged (if known):**

Make	Model	Firearm Type/Action e.g. Centre Fire Rifle, Bolt Action	Serial No.	Surrendered to police for secure disposal
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>

PALM reference (if applicable) .....

Signature: .....Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Police witness: .....VP: .....

**For Office Use Only:**

Actioned by:(Print Name)\_\_\_\_\_ Completion Date:\_\_\_\_/\_\_\_\_/\_\_\_\_