

# FIREARM LICENSING AUTHORITY

## Request for Renewal of Licences, Certificates and Permits



### TO BE COMPLETED BY APPLICANT

LICENCE HOLDER'S NAME				T.R.N.	
LAST NAME		FIRST NAME	MIDDLE NAME		
SECURE EMAIL ADDRESS		HOME TELEPHONE	MOBILE TELEPHONE		WORK/BUSINESS TELEPHONE
HOME ADDRESS				BIRTHDATE	SEX
				DD/MM/YYYY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
WORK/BUSINESS NAME				OCCUPATION	
WORK/BUSINESS ADDRESS					
<b>FIREARM LICENCE BOOKLET / FIREARM LICENCE IDENTIFICATION CARD DETAILS</b>					
LICENCE NO.	ISSUE DATE	EXPIRATION DATE	ISSUE LOCATION		<input type="checkbox"/> RESTRICTED FIREARM
	DD/MM/YYYY				
<b>RELATED USER LICENCE DETAILS (IN THE CASE OF EMPLOYEE CERTIFICATE OR SPECIAL PERMIT)</b>					
DATE OF LAST RENEWAL		HOLDER'S NAME			
DD/MM/YYYY		LAST	FIRST		MIDDLE
LICENCE TYPE : <input type="checkbox"/> FIREARM USER'S LICENCE <input type="checkbox"/> FIREARM USER'S (SPECIAL) PERMIT <input type="checkbox"/> FIREARM USER'S (EMPLOYEE) CERTIFICATE		HOME ADDRESS			
		WORK/BUSINESS NAME AND ADDRESS			
<b>FIREARM DETAILS</b>					
MAKE		MODEL	CALIBRE	<input type="checkbox"/> PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> SHOTGUN <input type="checkbox"/> RIFLE	I ATTEST TO THE ACCURACY OF THIS INFORMATION  (PLACE SIGNATURE HERE)
SERIAL NUMBER					
<b>FOR FIREARM INSPECTING OFFICER USE ONLY</b>					
FIREARM INSPECTED		DATE OF INSPECTION		IDENTIFICATION NUMBER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		DD/MM/YYYY			
RENEWAL PERIOD		LICENCE FEE PAYABLE		NAME OF OFFICER	
		\$			
LOCATION ASSIGNED				SIGNATURE	