

# FIREARM LICENSING AUTHORITY

## Firearm Disposal Permit



### Section A - To be Completed by Holder of Firearm

Holder's Full Name	
Holder's Address	
Holder's Telephone	
Make of Firearm	
Type of Firearm	
Calibre/Gauge of Firearm	
Serial Number of Firearm	
Certificate Number	
Date Last Renewed	

### Section B- To be Completed by Holder of Firearm

Reason for wanting to dispose Firearm
---------------------------------------

### Section C - To be Completed by Holder of Firearm

I _____ being holder of the above mentioned Firearm hereby apply for a Firearm Disposal Permit authorising me to dispose of the said Firearm in accordance with the Firearm Act of 1967.	
Signature of Holder	
Date	

### Section D - To be Completed at Storage Location

I _____ of the _____ hereby acknowledge that the above mentioned Firearm is in custody at the _____.		
Name		PLACE OFFICIAL STAMP HERE
Id Number		
Title		
Signature		
Date		

### Section E - For FLA Use Only

Approved	Denied	PLACE OFFICIAL SEAL HERE
Authorized Officer		
Signature		
Date		