



# Firearm Travel Notification

**WESTERN AUSTRALIA  
POLICE FORCE  
LICENSING SERVICES**  
[LicensingServices@police.wa.gov.au](mailto:LicensingServices@police.wa.gov.au)  
Telephone: 1300 171 011

This notification form relates to any firearm/s being taken out of the State of Western Australia.

Notification to Licensing Services must be made prior to departure of the firearm/s.

It is an offence to fail to notify Licensing Services prior to any firearm being taken out of the State of Western Australia – Penalty: a fine of \$5 000. It is an offence to fail to notify Licensing Services of the return of any firearm into the State of Western Australia – Penalty: a fine of \$5 000.

COMPLETE FORM IN CAPITAL LETTERS

## Firearm Authority

Licence No. 1

Licence No. 2

Licence No. 3

Licence No. 4

## Personal Details

Family Name

Date of Birth  
DD/MM/YYYY

All Given Names

Gender

Mobile Phone

Work  
Phone

Other  
Phone

Email

Proposed  
Departure Date

Proposed  
Return Date

## State / Territory

New South Wales

Queensland

South Australia

Tasmania

Victoria

Northern Territory

Australian Capital Territory

## Travel Details / Purpose



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Firearms			
Serial number	Make	Calibre	Firearm type

## Declaration

*Please note that your firearm storage must comply with the storage legislation of the state you are entering*

- I fully understand and comply with the requirements of the security arrangements for firearms and related things in transit in accordance with the Firearms Act 2024 and associated Regulations.
- I understand it is an offence under the Firearms Act 2024 to make a statement or provide information that I know is false or misleading (s.178 Firearms Act 2024).
- I declare that I have the express authority of the licence holder of the firearm to be in possession of and travel with it outside of the State of Western Australia.
- I declare that all the information in this application is true and correct in every detail.
- I agree to the Western Australia Police Force undertaking such enquiries as are necessary to establish that the information I have provided in this application is true and correct

Applicant's Signature

Date