



Waiver of Prescribed Minimum Activity Requirements Request

WESTERN AUSTRALIA
POLICE FORCE
LICENSING SERVICES

FirearmClubsandRanges@police.wa.gov.au

Telephone: 1300 171 011

This document is to be completed by a licensed competition shooter or a licensed club

COMPLETE FORM IN CAPITAL LETTERS

Member Details

Full Name

Firearms
Licence Number

Expiry
Date

Date of Birth
DD/MM/YYYY

Home Phone

Work
Phone

Mobile
Phone

Email

Number of registered shooting
competitions completed

Club Details

Club Name

Association
Details *If applicable*

Contact Name

Contact
Position/
Role

Club
Contact
Phone

Email

Mobile
Phone

Unit / Lot / Level

Street
Number

Street
Name

Street Type

Suburb

State

Postcode

Reason

Declaration

Full Name

Signature

Position / Role

Date



Waiver of Prescribed Minimum Activity Requirements Request

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LICENSING SERVICES

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For Office Use Only

Comments

Approval

Approved

Rejected

Valid to:

Full Name

Signature

Date

PD