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

Signature | Licence Holder Name | Date

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For Office Use Only

Comments

Approval

☐ Approved

☐ Rejected

Valid to:

Full Name

Signature

Date

PD