Application for Western Australian Firearm Permit

Significant Defence Event

Section 134, Firearms Act 2024

WESTERN AUSTRALIA POLICE FORCE
LICENSING SERVICES
Firearm.Permit.SMAIL@police.wa.gov.au
Locked Bag 9 East Perth WA 6892
Telephone: 1300 171 011

Use this form to add addtional Exempt Persons to form LSF238

COMPLETE FORM IN CAPITAL LETTERS

Part B. Employee / Contractor Details

Full Name						Date of Birth DD/MM/YYYY	
Unit / Lot / Level		Street Number		Street Name			
Street Type		Suburb			State	Zipcode/ Postcode	
Country				Mobile Phone			

Address History

Previous Residential Address *Do not complete this if you have been at your current home address for more than 2 years*

Unit / Lot / Level		Street Number		Street Name			
Street Type		Suburb			State	Zipcode/ Postcode	
Country							

Applicant History

Have you ever been known under another name?	Yes ◯ No ◯	If Yes, state the name/s	
Do you hold a current WA Firearm Licence?	Yes ◯ No ◯	If Yes, provide Licence No.	Expiry Date
Have you ever held a licence to possess a firearm outside of WA?	Yes ◯ No ◯	If Yes, state licence details	
Have you ever lived outside of WA?	Yes ◯ No ◯	If Yes, state when, where	
Have you ever been refused a licence or permit to possess a firearm anywhere?	Yes ◯ No ◯	If Yes, state when, where	
Has a licence held by you ever been revoked?	Yes ◯ No ◯	If Yes, state details	
Have you been disqualified from holding a licence?	Yes ◯ No ◯	If Yes, state details	
Have you been convicted of a criminal or traffic offence?	Yes ◯ No ◯	If Yes, state details	
Do you suffer from any physical or mental condition that would affect your fitness to hold a permit?	Yes ◯ No ◯	If Yes, state details	
Do you manage social media profile? If yes, provide username/handles	Yes ◯ No ◯	If Yes, state details	