



Permission to Privately Purchase Firearms

WESTERN AUSTRALIA
POLICE FORCE
LICENSING SERVICES
LicensingServices@police.wa.gov.au
Telephone: 1300 171 011

This form is only applicable when submitted as a supporting document to an application.

COMPLETE FORM IN CAPITAL LETTERS

Primary Licensee Details (Seller)

Family Name Date of Birth
DD/MM/YYYY

All Given Names

Mobile/Phone Firearms
Licence Expiry
Date

Email

Unit / Lot / Level Street
Number Street
Name

Street Type Suburb State Postcode

Applicant Details (Purchaser)

Family Name Date of Birth
DD/MM/YYYY

All Given Names

Mobile Phone Firearms
Licence Expiry
Date

Email

Unit / Lot / Level Street
Number Street
Name

Street Type Suburb State Postcode

Description of firearm/s

Make	Serial Number	Type eg. Lever action/bolt action	Calibre

Declaration

I am currently the Primary Licensee of the above-mentioned firearm/s and hereby grant permission for the applicant to purchase the above firearm/s. I wish to relinquish primary ownership of firearm/s OR I wish to remain as co-user

Primary Licensee Signature

Date