



Permission to Co-license 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

Family Name Date of Birth
DD/MM/YYYY

All Given Names

Mobile/Phone Firearms
Licence Expiry
Date

Email

Unit / Lot / Level Street No.
/PO Box Street
Name

Street Type Suburb State Postcode

Applicant Details

Family Name Date of Birth
DD/MM/YYYY

All Given Names

Mobile Phone Firearms
Licence Expiry
Date

Email

Unit / Lot / Level Street No.
/PO Box Street
Name

Street Type Suburb State Postcode

Description of firearm/s

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

Declaration

As the Primary Licence Holder for the above listed firearm/s, I grant permission for the applicant to co-license the said firearm/s as listed above

Primary Licensee Signature

Date