



# Shooting on an Approved Firearm Range Declaration

WESTERN AUSTRALIA  
POLICE FORCE  
LICENSING SERVICES

LICENSING ENFORCEMENT DIVISION  
303 Sevenoaks Street Cannington, Western Australia 6107  
Post: Locked Bag 9 East Perth WA 6892  
Email: [FirearmClubsandRanges@police.wa.gov.au](mailto:FirearmClubsandRanges@police.wa.gov.au)  
Telephone: 1300 171 011

This form is to be completed by all unlicensed persons before they can possess or use firearms.  
Return the form to the club or range official or the instructor upon completion.

COMPLETE FORM IN CAPITAL LETTERS

## Personal Details

If this application is for a minor (Under 18 yrs), the minor completes their details and must record their parent/guardian's photo ID details.

Name

Address  
Unit / Lot / Level

Street  
Number

Street  
Name

Street Type

Suburb

State

Postcode

Date of Birth  
DD/MM/YYYY

Gender

Firearms Licence  
If applicable

Expiry  
Date

Mobile Phone

Email

Drivers Licence  
or Passport No.

Previous / other  
known Names

## Personal History

Have you ever been refused a Firearms Licence / Permit or had a Firearms Licence / Permit revoked or cancelled? \_\_\_\_\_ Yes No

Are you or have you been subject to a Firearms Prohibition Order? \_\_\_\_\_ Yes No

Within the previous 5 years have you been convicted of an offence involving:

Firearms or ammunition, violence, the use or possession of a prohibited dug, terrorism or offence of sexual nature? \_\_\_\_\_ Yes No

Within the previous 5 years have you been the respondent in a Violence Restraining Order? \_\_\_\_\_ Yes No

Are you suffering from any illness or disorder that may adversely impact on your use of a firearm? \_\_\_\_\_ Yes No

## Declaration

*The information I have provided is true to the best of my knowledge and belief and I have not wilfully included anything that I know to be false or that I do not believe is true*

Applicant Signature

Date

## Declaration - Minors (Under 18 yrs) to be completed by parent or legal guardian

*I give consent for the person named in this Declaration (the Minor) to participate in shooting activities involving the possession and use of firearms.*

**NOTE:** The parent/legal guardian must supply photographic proof of identity to the range/club official or firearms instructor. The range/club official must be satisfied that this requirement has been met.

Parent/Legal Guardian Signature

Date

## Declaration by Club/Range Official or Instructor - Club/Range Use Only

Club/Range Name

The above named person is:

Authorised to shoot

Not authorised to shoot

Club/Range Official/Instructor Name

Club/Range Approval Number

Club/Range Official or Instructor Signature

Date