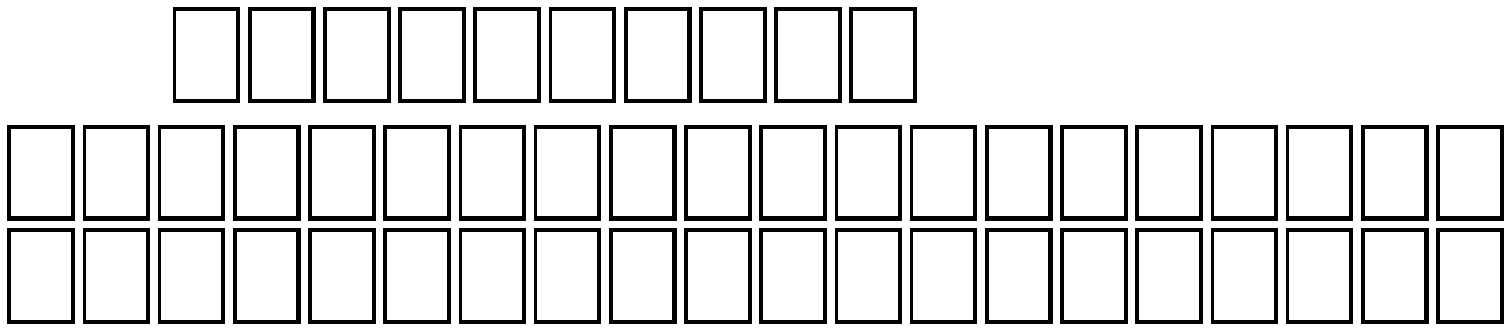
**DISPOSAL OF FIREARM**



ACT Firearms Act 1996

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fax: 02 62567758

Email: [actfirearmsregistry@afp.gov.au](mailto:actfirearmsregistry@afp.gov.au)

**ACT Firearms Registry**

**Use Only**

**Licence Number:**

**APPLICANT DETAILS**

Firearms licence number Date of Birth

Surname

dd mm yyyy

Given Name(s)

**CONTACT DETAILS**

Phone

**FIREARM DETAILS**

**NEW OWNER DETAILS**

Type/action

New owner’s name?

Make

Model

Calibre/ Common Name

New owner’s firearm licence number?

New owners address?

Barrel Length

Firearm Dealer used during the disposal?

Serial number

Firearm Category

A B C H

Firearm Dealer’s licence number?

State/Territory of the

Firearm Dealer?

Date of Disposal

dd mm yyyy

**APPLICANT DECLARATION**

DECLARATION

I declare that the answers I have given on this form are true and correct to the best of my knowledge. I understand that

it is an offence to deliberately make a false or misleading statement.

Signature of person making the declaration

dd mm yyyy

**ACT Firearms Registry Use Only.**

**Date of Notification**

dd mm yyyy

**Date Records Updated**

Signature of Processing Officer

dd mm yyyy

Printed Name and Badge Number

Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION** You are required to provide 100 points of identity with your application for a new licence under this Act.

**1. APPLICANT DETAILS *Please Use***

***BLOCK LETTERS in dark pen only.***

To be completed by The applicant for this Licence.

Family Name

AFP 3008 (1/09)

AF2009-98 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the ACT *Firearms Act 1996*