



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

**ACT Firearms Registry
Use Only
Licence Number:**

APPLICANT DETAILS

Firearms licence number

Date of Birth
dd mm yyyy

Surname

CONTACT DETAILS

Given Name(s)

Phone

FIREARM DETAILS

NEW OWNER DETAILS

Type/action

New owner's name?

Make

New owner's firearm licence number?

Model

Calibre/
Common Name

New owners address?

Barrel Length

Firearm Dealer used during the disposal?

Serial number

Firearm Category
A B C H

Firearm Dealer's licence number?

Date of Disposal
dd mm yyyy

State/Territory of the Firearm Dealer?

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.

dd mm yyyy
Signature of person making the declaration

ACT Firearms Registry Use Only.

Date of Notification
dd mm yyyy

Signature of Processing Officer

Printed Name and Badge Number

Date Records Updated
dd mm yyyy