



Permission To Privately Purchase Firearm/s

WESTERN AUSTRALIA POLICE
STATE CRIME
Licensing Enforcement Division
Licensing Services
303 Sevenoaks St, CANNINGTON WA 6107
MAIL TO: Locked Bag 9, EAST PERTH WA 6892
TELEPHONE: 1300 171 011
FACSIMILE: (08) 9454 1522

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

Primary Licensee Details (Seller)

Family Name Date of Birth

All Given Names

Unit / Lot / Level Street Number Street Name

Street Type Suburb

State Post Code Email

Home Phone Work Phone Mobile Phone

Licence Number Expiry Date

Applicant Details (Purchaser)

Family Name Date of Birth

All Given Names

Unit / Lot / Level Street Number Street Name

Street Type Suburb

State Post Code Email

Home Phone Work Phone Mobile Phone

Licence Number Expiry Date

Description of firearm/s

Firearm Type: Example. Lever Action, Bolt Action, Under/Over Shotgun etc.	Make	Serial Number	Calibre

I am currently the Primary Licensee of the abovementioned firearm/s and hereby grant permission for the applicant to purchase the above firearms and be listed as the sole licensee.

Primary Licensee Signature Date