



VICTORIA POLICE

**APPLICATION TO ATTEND
FIREARMS SAFETY COURSE
LONGARMS ONLY**

***PLEASE PRINT ALL DETAILS**

*** APPLICANT TO COMPLETE**

*FULL NAME: _____ D.O.B: ____/____/____

*ADDRESS: _____

_____ POST CODE _____

* PHONE: (H) _____ (W) _____ (M) _____

Application to be forwarded to: **Regional Firearms Office via your local police station**

- Applicant will have to produce Photographic Identification at time of Course.
- Written notification of course date, time, and location will be forwarded within 14 days.
- There is no cost involved for attending the Firearms Safety Course.
- The course duration will be approximately 2 to 3 hours.
- Participants will be required to be conversant with the contents of Firearms Safety Code Booklet. Booklets may be obtained from Police Stations OR at www.police.vic.gov.au

Regional Firearms Office Use Only

DATE APPLICATION RECEIVED AT REGIONAL FIREARMS OFFICE: ____/____/____

DATE OF FIREARMS SAFETY COURSE: ____/____/____ TIME: _____

COURSE VENUE: _____

APPLICANT NOTIFIED OF FIREARMS SAFETY COURSE ON: ____/____/____