

## APPLICATION TO ATTEND FIREARMS SAFETY COURSE (LONGARMS ONLY)

*PLEASE PRINT ALL DE	ATAILS *APPLI	CANT TO COMPLETE
*DATE OF APPLICATIO	N:/	
*FULL NAME:		
*D.O.B:/		
		POST CODE
		POST CODE
		(M)
*EMAIL ADDRESS:		
Victoria Police may provide fina Divisional Firearms Officer for fur *ARE YOU BRINGING A	rther information.	requiring an Auslan interpreter. Contact your local  YES  NO
<ul> <li>Applicant will have to prod</li> <li>Written notification of cou</li> <li>There is no cost involved for</li> <li>The Course duration will be</li> </ul>	duce Photographic Identification in the state, time, and location or attending the Firearms Some approximately 2 to 3 housed to be conversant with the	n will be forwarded when a Course is available. Safety Course. urs. He contents of Firearms Safety Code Booklet.
		www.ponce.vic.gov.au/iii cai iiis
Dix	visional Firearms (	
	visional Firearms (	Office Use Only
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DATE APPLICATION RE	CCEIVED AT DIVISION FETY COURSE:/_	Office Use Only   AL FIREARMS OFFICE://   TIME: