



Storage Statement

WESTERN AUSTRALIA
POLICE FORCE
LICENSING SERVICES

LicensingServices@police.wa.gov.au

Telephone: 1300 171 011

Application
number

OR Licence Number

COMPLETE FORM IN CAPITAL LETTERS

Personal Details

Family Name

Date of Birth
DD/MM/YYYY

Given Names

Home Phone

Work
Phone

Mobile
Phone

Email

Unit/Lot/Level

Street
Number

Street
Name

Street Type

Suburb

State

Postcode

Description of Storage Arrangement

Custom made

☐

or Commercially produced

☐

Make / model
if known

Number of firearms
stored at the location

Type of surfaces
attached to

e.g. concrete, timber

Description of construction and how the cabinet has been anchored *e.g bolted, chemically anchored etc*

Cabinet level

☐

1

☐

2

☐

3

OR Grandfathered Storage approved under the Firearms Act 1973

☐

Alarm level

☐

1

☐

2

CCTV

☐



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Alternative Storage Arrangement *(Only to be completed if storage is alternative to Schedule 6)*

Provide details of your alternative storage

Storage Location

The storage location of my firearm/s is the same as my residential address. *(If no, provide further details)* Yes ☐ No ☐

Unit/Lot/Level		Street Number		Street Name				
Street Type		Suburb			State		Postcode	

Declaration *(Applicant or Licensee to complete)*

I, the person described above, sincerely declare that any firearms or ammunition stored at the nominated storage location are done so in accordance with the Firearms Regulations 2024.

- ☐  Proof of purchase/fitting of an approved lockable cabinet or other storage facility attached.
- ☐  Photographs of approved lockable cabinet or other storage facility attached.

Applicant/Licensee Signature

	/		/											
D		D		M		M		Y		Y		Y		Y