



Application for Western Australian Weapons Act Exemption

Significant Defence Event

WESTERN AUSTRALIA
POLICE FORCE
LICENSING SERVICES

Firearm.Permit.SMAIL@police.wa.gov.au

Locked Bag 9 East Perth WA 6892

Telephone: 1300 171 011

r.15 Weapons Regulations 1999

Use this form to add additional Exempt Persons to form LSF240

COMPLETE FORM IN CAPITAL LETTERS

Part B. Exempt Person Details

Full Name			Date of Birth	
			DD/MM/YYYY	
Unit / Lot / Level	Street Number	Street Name		
Street Type	Suburb		State	Zipcode/ Postcode
Country			Mobile Phone	

Address History

Previous Residential Address *Do not complete this if you have been at your current home address for more than 2 years*

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

Applicant History

Have you ever been known under another name?	Yes	No	If Yes, state the name/s	
Do you hold a current WA Firearm Licence?	Yes	No	If Yes, provide Licence No.	Expiry Date
Have you ever held a licence to possess a firearm outside of WA?	Yes	No	If Yes, state licence details	
Have you ever lived outside of WA?	Yes	No	If Yes, state when, where	
Have you ever been refused a licence or permit to possess a firearm anywhere?	Yes	No	If Yes, state when, where	
Has a licence held by you ever been revoked?	Yes	No	If Yes, state details	
Have you been disqualified from holding a licence?	Yes	No	If Yes, state details	
Have you been convicted of a criminal or traffic offence?	Yes	No	If Yes, state details	
Do you suffer from any physical or mental condition that would affect your fitness to hold a permit?	Yes	No	If Yes, state details	
Do you manage social media profile? If yes, provide username/handles	Yes	No	If Yes, state details	