



Permission to Privately Purchase Firearms

WESTERN AUSTRALIA
POLICE FORCE
LICENSING SERVICES

LicensingServices@police.wa.gov.au

Telephone: 1300 171 011

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

COMPLETE FORM IN CAPITAL LETTERS

Primary Licensee Details (Seller)

Family Name				Date of Birth		
				DD/MM/YYYY		
All Given Names						
Mobile/Phone		Firearms Licence		Expiry Date		
Email						
Unit / Lot / Level		Street Number		Street Name		
Street Type		Suburb			State	
					Postcode	

Applicant Details (Purchaser)

Family Name				Date of Birth		
				DD/MM/YYYY		
All Given Names						
Mobile Phone		Firearms Licence		Expiry Date		
Email						
Unit / Lot / Level		Street Number		Street Name		
Street Type		Suburb			State	
					Postcode	

Description of firearm/s

Make	Serial Number	Type eg. Lever action/bolt action	Calibre

Declaration

I am currently the Primary Licensee of the above-mentioned firearm/s and hereby grant permission for the applicant to purchase the above firearm/s. I wish to relinquish primary ownership of firearm/s ☐ OR I wish to remain as co-user ☐

--

Primary Licensee Signature

--

Date