



Permission to Co-license 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

Family Name				Date of Birth	DD/MM/YYYY	
All Given Names						
Mobile/Phone		Firearms Licence		Expiry Date		
Email						
Unit / Lot / Level		Street No. /PO Box		Street Name		
Street Type		Suburb		State		
				Postcode		

Applicant Details

Family Name				Date of Birth	DD/MM/YYYY	
All Given Names						
Mobile Phone		Firearms Licence		Expiry Date		
Email						
Unit / Lot / Level		Street No. /PO Box		Street Name		
Street Type		Suburb		State		
				Postcode		

Description of firearm/s

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

Declaration

As the Primary Licence Holder for the above listed firearm/s, I grant permission for the applicant to co-license the said firearm/s as listed above

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Primary Licensee Signature

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Date