



# Permission to Privately Purchase Firearms

WESTERN AUSTRALIA  
POLICE FORCE  
LICENSING SERVICES

LICENSING ENFORCEMENT DIVISION  
303 Sevenoaks Street Cannington, Western Australia 6107  
Post: Locked Bag 9 East Perth WA 6892  
Email: 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 firearms. I wish to relinquish primary ownership of firearm/s OR I wish to remain as co-user

Primary Licensee Signature

Date