



Permission to Co-use Firearms

WESTERN AUSTRALIA
POLICE FORCE
LICENSING SERVICES

LICENSING ENFORCEMENT DIVISION

303 Sevenoaks Street Cannington, Western Australia 6107

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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

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	Serial Number	Type eg. Lever action/bolt action	Calibre

Declaration

I am currently the licensed owner of the above-mentioned firearm/s and grant permission for the applicant to be listed as a Co-user.

Primary Licensee Signature

Date