

FIREARM LICENSING AUTHORITY

Application for Firearm Disposal Permit

All outstanding fees MUST be paid in order to complete the disposal process



Section A - LICENCE HOLDER AND FIREARM AND AMMUNITION DETAILS

| | | |
|--|--|-------------------------------------|
| Full Name | | TRN: |
| Address | | |
| Occupation | | |
| Contact # | | |
| Email Address | | |
| | | |
| Make of Firearm | | |
| Type of Firearm | | |
| Calibre/Gauge of Firearm | | |
| Serial Number of Firearm | | |
| Certificate Number | | Certificate Expiry Date: dd/mm/yyyy |
| Number of Ammunition | | Type of Ammunition: |
| Reason for Disposal | | |
| <p>I _____ hereby apply for a Firearm Disposal Permit authorizing me to dispose of the firearm and ammunition described in this application.</p> <p>Signature of Holder: _____ Date: _____</p> | | |

Section B - FIREARM STORAGE INFORMATION

| | | |
|--|--|------------------------------------|
| <p>I _____ hereby acknowledge that the above mentioned firearm and ammunition are in custody at the _____.</p> <p>Ballistic Test Date: _____</p> | | |
| Title | | PLACE OFFICIAL STAMP HERE |
| Signature | | |
| Date | | |