



CHANGE OF ADDRESS APPLICATION

ACT Firearms Act 1996 - Section 255

ACT Firearms Registry
Use Only
Licence Number:

APPLICANT DETAILS

Firearms licence number

Surname

Given Name(s)

Date of Birth

dd mm yyyy

PREVIOUS RESIDENTIAL ADDRESS

Street Number

Street Name

Suburb

State

Post Code

NEW RESIDENTIAL ADDRESS

Street Number

Street Name

Suburb

State

Post Code

Do you wish to nominate this new residential address as the registered storage address? Yes No

If no, please enter an address you wish to nominate as your registered storage address.

Street Number

Street Name

Suburb

State

Post Code

Home phone number

Work phone number

Mobile phone number

E-mail

NEW POSTAL ADDRESS

Street Number

Street Name

Suburb

State

Post Code

APPLICANT DECLARATION

DECLARATION

I declare that the answers I have given on this application are true and correct to the best of my knowledge. I understand that it is an offence to deliberately make a false or misleading statement. I agree to abide by the ACT Firearms Act 1996. I understand and agree to abide by all provisions related to the safe storage and security requirements as required by legislation. I consent to Police making any enquiries necessary to assess this application. I agree to my identifying information being checked with the Issuer or Official Record Holder.

Signature of person making the declaration

dd mm yyyy



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Date of Application
dd mm yyyy

ID Verification

ID Type ACT Firearms Licence Drivers Licence Passport

Primary ID Number

Secondary ID

Signature of Approving Officer

Printed Name and Badge Number

Address Conditions

APPROVED NOT APPROVED

APPROVAL DATE

dd mm yyyy

Upon completion of this form please submit it in person at the ACT Firearms Registry.

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601
Phone: 02 61332122 Fax: 02 61332188
Email: actfirearmsregistry@afp.gov.au