



# 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 also consent to Police making any enquiries necessary to assess this application.

Signature of person making the declaration

dd mm yyyy



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## ACT Firearms Registry Use Only.

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 62567777 Fax: 02 62567758  
Email: actfirearmsregistry@afp.gov.au