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NSW POLICE FORCE - FIREARMS REGISTRY

P650

Declaration - Person shooting on an Approved Range or

ABN 43 408 613 180 undertaking a Firearms Safety Training Course

This form must be completed by all unlicensed persons before they can possess and use firearms in accordance with the NSW Firearms Act 1996 and Regulation. Return the form to the club or range official or the instructor upon completion.

											
A. PERSONA		100 (100-100)						•		0.1.4	
If this application	is for a	minor (12 - 18	yrs), the mind	or completes	tneir deta	ils and m		ir parent/g	guardian's photo i	D details.	
Name	Email:										
Address		Postcode:									
Date of Birth			rY:	Male	Fen	nale	Drivers or Passp				
Type of Photo ID						Ph	oto ID Numb	er			
Alias - If you hav	/e been	known by an	other name,	please prov	ide details	below	(Last Name, G	iven Name	es) & contact pho	ne number	
	Vote					Pl	hone Numbe	r		9	
B. PERSONA	I HIS	TORY - You	MIST com	nlote this se	action - M	ark an '	Y in one boy f	or each a	uestion		
Have you in NSW			I WOST COM	biere mis se	ection - ivi	ark arr	VIII OHE DOX I	oi eacii q	uestion		
a) Been refused o suspended, car	or prohil	oited from hol	ding a firearm	ns licence or	permit or h	nad a fire	earms licence o	r permit	YES	NO 🗌	
b) Are you currently subject to a Good Behaviour Bond or Interim Apprehended Violence Order?								YES 🗍	NO []		
c) Are you currently or have you previously been subject to a Firearms or Weapons Prohibition Order?								YES 🗍	№ □		
d) Are you suffering from any mental illness or other disorder that may prevent you from using a firearm safely? YES NO										NO 🗌	
e) Been convicted robbery; violen						or weap	ons; prohibited	l drugs;	YES	NO 🗌	
f) Within the last					mestic Viol	ence Or	der or an Appr	ehended	YES	NO 🗌	
Violence Order					IS. YOU AI	RE INELI	GIBLE TO PAR	TICIPATE	IN SHOOTING AC	TIVITIES	
							OF FIREARMS.				
C. DECLARA								_			
									vide information I correct in every o		
l ag pro	gree to t ovided in	he NSW Police n relation to th	Force under his application	taking such on is true and o	enquiries a correct.	s are ne	cessary to estal	olish that t	he information I h	ave	
Applicants Sign	nature					20	Date	Carlo Strain Strain			
D. MINORS	(12 - 18	years of ag	e) - TO BE C	OMPLETED	BY PAR	ENT/LI	EGAL GUARD	IAN			
l give consent for t	the perso	on named in th	is Declaration	(the Minor) to	o participat	te in shoc	oting activities i	nvolving th	e possession and u	se of firearms.	
Parent/Guardian Signature Date											
NOTE: The parer The range							o the range/cl ent has been r		or firearms instru	ictor.	
E. CERTIFICA	ATION	BY CLUB	/RANGE C	FFICIAL	OR INST	RUCT	OR - OFFIC	IAL/INS	TRUCTOR U	SE ONLY	
The above nam	ne pers	on is:	Authorise	d to shoot		Not a	uthorised to	shoot	9		
Signature	=						Date		8 N	0	
Club/Range Offi or Instructor Na		Suzanne Balo	ogh /				Instructor Approval No			8	
Club Name	ſ	Cecil Park Cla	y Target Clu	ıb			Club/Range Approval No	405 74	58 830	2	
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