



VICTORIA POLICE

APPLICATION FOR A PERMIT TO DISPLAY FIREARMS INDIVIDUAL COLLECTION

FIREARMS ACT 1996 (S56A(1))

Licence Number _____ Licence Expiry Date: ____/____/____

Name: _____ Date of Birth: ____/____/____

Residential Address: _____

Postal _____ Address: _____

Phone number: _____ Mobile number: _____ Fax number: _____

E-mail _____ Fax: _____

EVENTS DETAILS (A single permit may be issued for multiple events, at multiple locations & on multiple dates)

Event Name _____

Event Address _____

Event Dates _____

Event Times _____

Event Name _____

Event Address _____

Event Dates _____

Event Times _____

Event Name _____

Event Address _____

Event Dates _____

Event Times _____

- If insufficient space please attach further details.

Signature

____/____/____
Date of Application