



VICTORIA POLICE

# Application for Modification (Variation) to or Exemption from Handgun Target Shooting Participation

This form is to be completed when a General Category Handgun Licence Holder with the licence reason of Target Shooting requires a modification (variation) to or exemption from Handgun Target Shooting Participation in a calendar year.

## Part 1 – Handgun Licence Holders Details

Handgun Licence Number:  Expiry Date:  /  /

**Current Name**

Family Name

First Given Name:

Second Given Name:

Date of Birth:        
(Day) (Month) (Year)

**Contact Details**

Telephone:

Email Address:

## Part 2 – Type of Application

Modification (Variation) to Participation  Exemption from Participation

## Part 3(a) – Reason for Modification (Variation) Application - Place a cross in the appropriate box

You were unable to participate in such matches or shoots for reasons outside your control.

Effective from:  To:

**Reason:** Please provide separately the details explaining why you were unable to participate and include any evidence e.g. documents that will support your application for modification (variation).

**Note:** Medical reason - A medical certificate is required stating the nature of the condition, expected duration, impact on ability to operate a firearm and the contact details of the signing medical practitioner.

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You were unable to complete any such match or shoot you were participating in for reasons outside your control and the person officiating reasonably believed you had attempted to complete your participation.

Effective from:  To:

**Reason:** Please provide separately the details explaining why you were unable to participate and include any evidence e.g. documents that will support your application for modification (variation). A letter is to be attached from the Sport/Target Club confirming reason.

**Note:** Medical reason - A medical certificate is required stating the nature of the condition, expected duration, impact on ability to operate a firearm and the contact details of the signing medical practitioner.

**Part 3(b) – Reason for Exemption Application** - Place a cross in the appropriate box

Absent from the State for a substantial period (for a period greater than 1 month).

Effective from:

To:

**Note:** A travel Itinerary, tickets, passport or similar document, letter from employer signed and dated or Statutory Declaration must be provided confirming your absence from the state for the period of time indicated on this application and must include your contact details for the absent period and any other evidence e.g. documents that will support your application for exemption.

Temporarily physically incapacitated (for a period greater than 1 month).

Effective from:

To:

**Note:** A medical certificate is required stating the nature of the condition, expected duration, impact on ability to operate a firearm and the contact details of the signing medical practitioner and any other evidence e.g. documents that will support your application for exemption.

**Firearm Storage:** - For a determination to be made as to whether your firearm(s) may be required to be stored with another licence holder or Licensed Firearms Dealer during the exemption period for the above reasons, please attach a separate page outlining the following:

1. The storage address your firearm(s) will be stored at during the exemption period.
2. If the firearm(s) are to be stored at another licence holder's storage facility or with a Licensed Firearms Dealer please specify their full name, address and licence details.
3. If the storage address will be occupied during your absence, please provide details i.e. occupier(s) full name, arrangements to prevent access to firearm(s).
4. Have you arranged for any additional security arrangements e.g. alarms? Please specify.

Other reasons(s) that has impacted on your ability to meet the annual participation requirement (for a period greater than 1 month)

Effective from:

To:

**Note:** Please provide separately a detailed description explaining what will preclude you from meeting your participation requirements and include any evidence for example: documents that will support your application for exemption. If you participated interstate/overseas you must provide a signed, dated letter (on registered club or organisational letterhead) or scorecard which provides the type, date and number of the matches/shoots undertaken the handgun class and contact details of the club or range where the match/shoot took place. All provided documentation must be endorsed by your nominated principal club.

**Part 4 – Prescribed Handgun Class Details**

**Classes of handgun for which modification (variation) or exemption is required.**

Place a cross in the appropriate box(es) below to indicate the prescribed class(es) that you require a modification (variation) or exemption for:

Class 1 – Air handgun

Class 2 – Rimfire handgun

Class 3 – Centrefire handgun with a calibre of .38 inch or less or a black powder handgun.

Class 4 – Centrefire handgun with a calibre of more than .38 inch but not more than .45 inch.

**Part 5 - Acknowledgement**

I acknowledge that the particulars in this application and any attachments are true and correct and I make this acknowledgment knowing this it is an offence against Section 140A(1) of the *Firearms Act 1996* to wilfully supply details that are false or misleading (maximum penalty 240 penalty units or 4 years imprisonment).

Signature:

Date:

**Privacy Statement:** The personal and health information requested is being collected and used by Victoria Police for the purposes of assessment of an application for a licence, registration, permit or approval. It will be used in accordance with relevant legislation, including the *Firearms Act 1996*, *Private Security Act 2004*, *Control of Weapons Act 1990*, *Health Records Act 2001* and the *Privacy and Data Protection Act 2014*. The information may be disclosed to employers, approved bodies and other statutory authorities for the purposes of law enforcement and the administration of justice. To gain access to personal and health information held by Victoria Police, you must apply in writing to the Freedom of Information Division of Victoria Police, at [www.police.vic.gov.au](http://www.police.vic.gov.au).