



Send your completed form to:  
 Licensing & Regulation Division  
 GPO Box 2807  
 MELBOURNE 3001  
 Phone: 1300 651 645  
 Email: [lrld@police.vic.gov.au](mailto:lrld@police.vic.gov.au)  
[www.police.vic.gov.au](http://www.police.vic.gov.au)

VP Form 1300

VICTORIA POLICE

## APPLICATION FOR A DUPLICATE LICENCE/REGISTRATION/APPROVAL

Name: .....	Date of Birth: ..... / ..... / .....
Business Name (if applicable) .....	
Residential Address: .....	
.....	State: ..... Postcode: .....
Postal Address: .....	
.....	State: ..... Postcode: .....
Firearms Storage Address (if applicable) .....	
.....	State: ..... Postcode: .....
Telephone: (.....) .....	Mobile Number: (.....) .....
E-mail Address: .....	
Licence/Registration/Approval Number(s) (if known): .....	

Licence/Registration/Approval Type:

- |                               |                                     |                                   |
|-------------------------------|-------------------------------------|-----------------------------------|
| Firearms Licence              | <input type="checkbox"/> Individual | <input type="checkbox"/> Business |
|                               | Please specify category _____       |                                   |
| Private Security Licence      | <input type="checkbox"/> Individual | <input type="checkbox"/> Business |
| Private Security Registration | <input type="checkbox"/> Individual | <input type="checkbox"/> Business |
| Weapons Approval              | <input type="checkbox"/> Individual | <input type="checkbox"/> Business |

Licence/Registration/Approval Document was:

- Lost     
  Stolen     
  Damaged/Destroyed     
  Other\*

\*Please provide details \_\_\_\_\_

I declare that the information in this application is true and correct and I make this declaration knowing that it is an offence under s.140A(1) of the *Firearms Act 1996*, s.135 of the *Private Security Act 2004* and/or s.8E(2) of the *Control of Weapons Act 1990* to knowingly supply information that is false or misleading.

Signature: ..... Date: ..... / ..... / .....

A Payment Notice will be mailed to you after your request has been processed. The Payment Notice will outline the prescribed fee, payment and photograph requirements (not applicable to weapons approvals).

**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).