

This form must be completed when a person intends to receive instruction in the use of general category handguns in accordance with subsection 54(1A) of the *Firearms Act* 1996.

- This notice is to be completed prior to the instruction being provided, and the person providing the instruction must give this notification to Licensing & Regulation Division (LRD) within 7 days of providing the instruction.
- Complete in black or blue pen. Do not use correction fluid/tape. Draw a line through any mistakes and write the correct information alongside it.

Have you previously had a licence issued by LRD? Yes ☐ No ☐ Previous Licence Number

[illegible]

Property Name (if applicable)																							
Flat/Unit Number						Street Number						Lot Number											
Street Name																							
Town/Suburb																							
State																		Postcode					
Is your postal address the same as your residential address?    Yes <input type="checkbox"/> Go to <b>Section D.</b> No <input type="checkbox"/> Go to <b>Section C.</b>																							

**Cross** appropriate box **then** enter the number below

GPO Box	PO Box	Locked Bag	Private Bag	RSD	RMB	Street No.	Rural Road No.	Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Street Name

Street Type (Rd, St, etc.)

Town/Suburb

State

Postcode

Daytime Telephone Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>																

Please provide the document number and description of **two** forms of identification of the person receiving instruction. **At least** one form of identification must be a current government issued document (e.g. Driver Licence/Birth Certificate/Passport). The second form of identification can be any document that verifies the person's name (e.g. a credit card/student card). The name on both identification documents must match the name on the front of this form, or at least one identification document must include official evidence of a change of name (e.g. recent copy of a Full Birth Certificate or Marriage Certificate). The instructor must sight these documents and verify that the details are correct.

- |    |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                  |
|----|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------|
| 1. | <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                  |
|    | Unique Identification Number of Document |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | <input type="text"/> | Type of Document |
| 2. | <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                  |
|    | Unique Identification Number of Document |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | <input type="text"/> | Type of Document |

By providing Driver Licence information, I hereby authorise Victoria Police to obtain information from the Roads Corporation of Victoria (VicRoads) that relates to my identity.

### Part 3 – Declaration by Person Who is Receiving Instruction

Are you currently, or have you in the last 5 years suffered or been treated for any of the following: psychiatric or psychological conditions (e.g. depression, stress or emotional problems); alcohol or drug dependence; neurological conditions (e.g. stroke or head injuries); serious impairment of eyesight; fits, dizziness or blackouts; or have any medical condition that could impact on your ability to use a handgun in a manner that is safe to yourself and others?

Yes ☐

No ☐

**If you have indicated 'yes' to the above question, you must not proceed to receive instruction in the use of general category handguns until you provide evidence from a treating medical practitioner of your fitness to complete the instruction and carry and use handguns that is acceptable to the instructor.**

Are you a 'prohibited person' as defined in section 3 of the *Firearms Act* 1996? (The definition of a 'prohibited person' can be found on the Victoria Police website at <https://www.police.vic.gov.au/firearms> You must ensure that you have read and understood it before completing this part).

Yes ☐

No ☐

**If you have indicated 'yes' to the above question, you must not proceed to receive instruction in the use of general category handguns.**

Please indicate for which occasion the instruction is being received.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐

I declare that I am not a prohibited person; do not have any medical condition that would preclude me from receiving this instruction; the particulars in this notification and any attachments are true and correct, and I make this declaration knowing that it is an offence against section 140A of the *Firearms Act* 1996 to provide false information (penalty 240 penalty units or 4 years imprisonment for each offence).

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).

### Part 4 – Written Consent from Parent or Guardian of Junior Receiving Instruction

**A junior (who is of, or over 12 years of age and under 18 years of age) cannot receive instruction until this part is completed.**

This statement is made by a Parent or Guardian (cross relevant choice) ☐ Parent ☐ Guardian (legally appointed)

(Print family name)

(Print given names)

I,

(Print residential address)

of

Telephone

(Home)

(Work)

(Mobile)

have given consent for

(Junior's full name)

for the purpose of receiving instruction in the use of a general category handgun.

Parent/Guardian's Signature

Date

### Part 5 – Instruction Details (to be completed by Instructor)

Name of approved club and shooting range where the instruction took place

Date of Instruction

Instructor's Name

Instructor's Firearm  
Licence Number

Expiry  
Date

### Part 6 – Declaration by Instructor

I declare that I have sighted the required identification documents and verify that the particulars in this notification and any attachments are true and correct. I further declare that I have questioned this person as to whether or not they are a prohibited person under the *Firearms Act* 1996 and to the number of occasions on which they have received instructions. Based on the answers received in response to these questions, and on available facts, I believe that the person is a non-prohibited person and is eligible to receive instruction. I make this declaration knowing that it is an offence against section 54(5) of the *Firearms Act* 1996 to provide false information in this notification (penalty 120 penalty units or 2 years imprisonment).

Instructor's  
Signature

Date