



Mail your completed form to:
 Licensing Services Division
 GPO Box 2807
 MELBOURNE 3001
 Phone: 1300 651 645
 E-mail: licensingservices@police.vic.gov.au
 Web: www.police.vic.gov.au

VICTORIA POLICE

Notification of Receiving Instruction

This form must be completed when a person receives instruction in the use of General Category Handguns in the State of Victoria for the purposes of obtaining a General Category Handgun Licence.

- This notice must be forwarded to LSD within 7 days of receiving the instruction by the person giving that instruction.
- Complete in black or blue pen only and do not use correction fluid or correction tape; draw a line through any mistakes and write the correct information alongside it.
- When offered a choice, select your option with a cross, e.g. Yes . Do NOT use ticks to select, i.e. .

Part 1 - Personal Information of Person Receiving Instruction

Have you previously had a licence issued by Licensing Services Division? Yes No Previous Licence Number (if known)

Section A – Current Name

Family Name

First Given Name

Second Given Name

Third Given Name

Sex: Male Female

Date of Birth:

(Day)

(Month)

(Year)

If you have officially changed your name at any time, please staple a list of your previous names to this form.

Section B – Residential Address

Property Name (if applicable)

Flat/Unit Number

Street Number

Lot Number

Street Name

Street Type (RD, ST, etc.)

Town/Suburb

State

Postcode

Is your postal address the same as your residential address? Yes Go to **Section D.** No Go to **Section C.**

Section C – Postal Address

Cross appropriate box then enter the number below

GPO Box

PO Box

Locked Bag

Private Bag

RSD

RMB

Street No.

Rural Road No.

Street Name

Number

Street Type (RD, ST, etc.)

Town/Suburb

State

Postcode

Section D – Contact details

Telephone

Daytime Contact

OR

Email Address (indicate exact case)

Part 2 – Identification Details

Please provide the document number and description of **two** forms of identification of the person receiving instruction for identification purposes. **At least** one form of identification must be a current government issued document, e.g. Driver Licence, Birth Certificate, Passport or Medicare Card. The second form of identification can be any document that verifies the applicant's name, e.g. a credit card or 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"/>
	Unique Identification Number of Document	Type of Document
2.	<input type="text"/>	<input type="text"/>
	Unique Identification Number of Document	Type of Document

By providing Driver Licence information I hereby authorise Victoria Police to obtain from the Roads Corporation (Vic Roads) information that relates to my identity that is kept by the Roads Corporation (Vic Roads).

I, _____, hereby certify that I have sighted the required identification documents on this date and the details provided are true and correct.

(Instructor's Signature)

(Date)

Part 3 – Notification Details

Please indicate for which occasion the instruction is being received (e.g. 5 for the fifth time). Adults may receive instruction **on no more than 10 occasions**. Juniors (between 12 and 17 years of age) may receive instruction **on no more than 3 occasions**.

1
 2
 3
 4
 5
 6
 7
 8
 9
 10

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

Date of Instruction

 / /

Instructor's Name

Instructor's Signature

Instructor's Firearm Licence Number

Expiry Date

 / /

Part 4 – Additional information (only applicable for persons aged 12-17)

Junior Verification of Suitability (Statement by Parent or Guardian of Junior receiving instruction)

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

I, (Print family name) (Print given names)

of (Print residential address)

Telephone (Home) (Work) (Mobile)

have given consent for (Applicant's full name)

to receive instruction from (Instructor's full name)

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

Parent/Guardian's Signature Date / /

Part 5 – Declaration (To be completed by the person receiving instruction)

Privacy Statement: The information collected in this application is being collected by Victoria Police. It will be used in accordance with the provisions of the *Firearms Act 1996*, *Private Security Act 2004*, *Control of Weapons Act 1990* and the *Information Privacy Act 2000*. Your information may be disclosed to employers, approved bodies and other statutory authorities by Victoria Police for the purpose of law enforcement and the administration of justice. Applicants may gain access to their information through application to the Victoria Police Freedom of Information Unit. Failure to provide information requested in this application may result in this application being returned.

I declare that I do not have any medical condition or criminal history (i.e. prohibited person status) that would preclude me from possessing, carrying or using a firearm. I acknowledge that the particulars in this application and any attachments are true and correct and I make this acknowledgment knowing that it is an offence against section 54(5) of the *Firearms Act 1996* to provide false information in this notification (maximum penalty 120 penalty units or 2 years imprisonment).

Signature Date / /