



VICTORIA POLICE

Fax: (+613) 9247 6485
 Or email these details to
licensingregulation@police.vic.gov.au

CHANGE OF DETAILS FORM

Firearms Act 1996 and Control of Weapons Act 1990

PLEASE PRINT ALL DETAILS CLEARLY

Family Name _____
 Given Name(s) _____
 Date of Birth: / / Firearms/Weapons Licence Number: _____

New Residential Address: _____

 _____ Postcode: _____

New Postal Address: _____

 _____ Postcode: _____

New Ordinary Storage Address: _____

 _____ Postcode: _____

Will all of your firearms be ordinarily stored at this new address?
 YES (Your previous firearms storage address will be removed from your records)
 NO (You must provide details of the ordinary storage address of each firearm in your possession)

New Contact Details: Home Ph: _____ Work Ph: _____
 Mobile Ph: _____ Fax No: _____
 E-Mail: _____

CHANGE OF NAME

Previous Name: _____
Family Name Given Name(s)

Was name change by: Marriage Deed poll

NOTE: Attach a copy of certificate relating to your change of name.

Signature: _____ Date: / /
(of Licence Holder)

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 and 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 denied or delayed.

STATION USE ONLY

Station: _____

Police Member to forward form to DFO for processing.
 Police Member to advise Licence Holder of the following:

A Change of Address label will be mailed to the licence holder at their new mailing address by Licensing & Regulation Division. A storage inspection of their firearms & ammunition/prohibited weapons/ body armour may also be conducted at the new storage location/s.

Sent to DFO on: / / Signature: _____

Name: _____ Rank: _____ Reg No: _____

OFFICE USE ONLY

LARS Updated? Yes No Operator No. _____

(Completed form is to be sent to Licensing & Regulation Division for retention)