Mail your completed form to:

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



**Notification of Receiving Instruction**This form must be completed when a person intends to receive instruction in the use of general category handguns in accordance with an exemption provided under the Firearms Act 1996 provided for the purposes of obtaining a General Category Handgun Licence in Victoria.

- This notice is to be completed <u>prior</u> to the instruction being provided.

• 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.  Part 1 - Personal Information of Person Receiving Instruction														de it.											
Have you previously had a licence issued by LSD Yes No Previous Licence Number																									
Section A		-																							
Family Name																									
First Given Name																									$\exists$
Second Given Name																								Ī	=
Sex:  Male  Female  Date of Birth:  (Day)  (Month)  If you have officially changed your name at any time, please staple a list of your previous names to this form.														list											
Section B – Residential Address Property Name (if applicable)																									
Troperty Hair		дриос	ubio)													Ī									
Flat/Unit Number Street Number Lot Number																									
Street Name				/										/					Ш		Stree	et Tv	ne (R	ld, St,	etc)
Street Ivallie							$oxed{oxed}$					Ι													olo,
Town/Suburb	<u> </u>	_	<u> </u>				_	_			1	1			_		_	٦ i	State		_	Pos	stcode	9	
ш																		<u> </u>			J	L			Ш
Is your postal	addre	ess th	e sam	e as	your	resid	lentia	l add	ress?		Yes	Ш	Go to	Sect	ion D	).	No	(	So to S	ectio	n 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.  Number																									
Street Name	_															<b>→</b>				<u>'</u>	Stre	et Ty	/pe (F	Rd, St,	etc)
							丄																		
Town/Suburb	<u> </u>	Т	T	Т	T	Т	_	1	<del></del>	Т	T	<del></del>	<u> </u>	<del></del>	Т	T		<b>-</b> 1	State		٦	Po	stcod	le	
							<u></u>											]				L			
Section D	– Cc	onta	ct de	tails	3																				
Daytime Telep	ohone	Cont	act												OR										
Email Addre	SS																								一
Part 2 – Iden	tifica	ation	Deta	ils																					
Please provide least one form identification of match the nar copy of a Full	e the on the one on the one on the one one one one one one one one one on	docun lentific any o	nent n cation docum	umbe must ent the	be a hat v forn	a cur ⁄erifie n, or	rent of the at least	gover perso ast or	nment on's na ne ider	issu ame, ntifica	ed d e.g. ation	ocum a cre docu	ent, e dit ca ment	e.g. D rd/stu mus	river l udent t inclu	Licer card ide c	nce/Bi . The official	rth C name evid	ertific e on b ence	ate/Pooth id	asspo dentific chang	rt. T catio e of	he se n doc name	cond umen	form of ts must
1.																									
			Uni	que I	dent	ificati	on N	umbe	r of Do	ocum	ent					7				Type	of Do	cum	ent		
2.			Uni	aue I	dent	ificati	ion N	umbe	r of Do	ocum	ent					J				Type	of Do	cum	≏nt		

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).

## Part 3 – Declaration by Person Who is Receiving Instruction Are you currently being treated for psychiatric, depression, stress or emotional problems 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 If you have indicated 'yes' to this question, then 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? Note: The definition of 'prohibited person' can be found at www.police.vic.gov/firearms. You must ensure that you have read and understood it before completing this part. No If you have indicated 'yes' to this question, then you must not proceed to receive instruction in the use of general category handguns. Please indicate for which occasion the instruction is being received (e.g. '3' for third 3<sup>rd</sup> occasion) Adult (no more than 10 separate occasions) Junior (no more than 3 separate occasions) 2 3 4 5 6 7 I declare that I am not a prohibited person and do not have any medical condition that would preclude me from receiving this instruction. I also declare that 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 54(5) of the Firearms Act 1996 to provide false information in this notification and section 54(6) to knowingly or recklessly give false information in response to a question asked in relation to this notification (maximum penalty is 120 penalty units to 2 years imprisonment for each offence). **Signature Date** 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. You may gain access to their information through application to the Victoria Police Freedom of Information Unit. Part 4 – Written Consent from Parent or Guardian of Junior Receiving Instruction A junior (aged between 12 and 17 years) 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 residential address) of Telephone (Junior's full name) have given consent for (Instructor's full name) to receive instruction from for the purpose of receiving instruction in the use of a general category handgun. Parent/Guardian's Signature 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 Expiry Licence Number 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 (maximum penalty 120 penalty units or 2

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 (maximum penalty 120 penalty units or 2 years imprisonment.

Instructor's
Signature

Note: The Instructor is to give this notification & any attachments to Victoria Police's Licensing Services Division within 7 days of the instruction occurring.