

Participation Declaration – ACT Residents¹



Canberra Rifle Club, Incorporated

PO Box 31, Canberra City ACT 2601

Location: McIntosh Rifle Range, off Majura Rd, Majura

Email: info@canberrarifleclub.org.au

Web: www.canberrarifleclub.org.au

Personal Details

Surname

Given Name

Date of Birth Contact Number

Email

Address

Suburb State Post Code

Please provide the document number and description of a current government issued document (e.g. Driver Licence/Birth Certificate/Passport)

ID type ID number

Declaration by Person Who is Receiving Instruction

Are you aware of ANY reason that MAY limit your ability to obtain or retain a Firearms License, such as: Yes No

- a previous refusal or revocation of a Firearms License
- a previous criminal offence or a domestic violence order
- a physical or mental condition which could impair your ability to control a firearm

If you have indicated 'Yes' to the above question, you must not proceed to receive instruction in the use of firearms. If the reason is a physical or mental condition, you must not proceed to receive instruction until you provide evidence from a treating medical practitioner of your fitness to complete the instruction and carry and use firearms that is acceptable to the instructor.

Are you a 'fit and proper' person as defined in the ACT Firearms Act 1996 (suitability is outlined under Sections 17 and 18 of the Act) Yes No

If you have indicated 'No' to the above question, you must not proceed to receive instruction in the use of firearms.

I declare that I am a fit and proper person, do not have any medical condition that would preclude me from receiving this instruction, 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 the ACT Firearms Act 1996 to provide false information (penalty provisions apply under the Act).

Participant Signature

Date

ACT Firearms Act 1996 - <http://www.legislation.act.gov.au/a/1996-74/default.asp>

info@canberrarifleclub.org.au

NOTE:

*In sending the Declaration via email, your email address shall be treated as a signature.
If that is not acceptable, please print the form, sign and bring along on your instruction day,
or alternatively post to the address on right.*



PO Box 31
Canberra City
ACT 2601

¹ NSW Residents are required to complete a P650 form -

https://www.police.nsw.gov.au/_data/assets/pdf_file/0006/139965/P650_September_2013_v_1.4.pdf