



Whitman Park International Pistol Club Inc

APPLICATION TO THE COMMITTEE TO APPLY TO LICENSE A PISTOL

Web: www.wpic.asn.au
Telephone: 0448 806 261

Name:		
Address:	Post Code:	
Police Station:	(Applicants local Police Station)	
Existing Firearms License number (if applicable):		
First Pistol:	Yes <input type="checkbox"/> No <input type="checkbox"/> Tick one box for each selection	
Additional Pistol:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Approved Club Activity (Personal Use):	<input type="checkbox"/> Tick appropriate box	
Range Use Only (Named Officer/Club Armourer):	<input type="checkbox"/>	
Membership of another Association (if Yes, complete details on next line)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Association:	Club:	
DESCRIPTION OF PISTOL		
Make:	Model:	
Serial Number:	Calibre:	
Barrel Length (millimetres):	Magazine or Cylinder Capacity (number of rounds): (for single shot capacity indicate 1)	
Handgun Type (Indicate <u>One</u> Type only – cross out Types which do not apply):	<input type="checkbox"/> Single Shot / <input type="checkbox"/> Self Loading / <input type="checkbox"/> Air or Gas / <input type="checkbox"/> Revolver / <input type="checkbox"/> Percussion	
Pistol specifically designed for target shooting: (Only applies to Self Loading Pistols with barrel length less than 120mm)	Yes <input type="checkbox"/> N/A <input type="checkbox"/> Tick one box.	
Discipline (refer WAPA Regulation 5):	ISSF Matches (Circle match which applies)	<input type="checkbox"/> Air Pistol / <input type="checkbox"/> Rapid Fire / <input type="checkbox"/> Standard Pistol / <input type="checkbox"/> Centre Fire / <input type="checkbox"/> Sports Pistol/ <input type="checkbox"/> Free Pistol
	PA Matches (Circle match which applies)	<input type="checkbox"/> Service (all) / <input type="checkbox"/> International 1920 / <input type="checkbox"/> Black Powder (all)
	Single Action (Circle match which applies)	<input type="checkbox"/> Centre Fire / <input type="checkbox"/> Black Powder Aggregate
CURRENT OWNER		
Name:		
Address:	Post Code:	
Firearms / Dealers License Number:		
I seek approval from the Club Committee to apply to licence the pistol described in this application.		
Signature:		
Applicant		
Date: / /		

