

Club and National Association

Confirmation and recommendation

Section A: Club input

A.1.	I / we confirm that
	Lash was a

First name	Middle names		
Firearms licence number	Association number		
Club name	Date of birth DD/MM/YYYY		
A.1.a. The applicant is an active and current financial member of the c	lub	No	Yes
A.1.b. The applicant is aware of, and abides by, all range and match rules; and club and/or association constitutions			Yes
Ale The applicant has undergone sofety training			Vac

A.I.C. I	ne applicant has undergone safety framing	INO	res
A.1.d. T	The applicant has passed the examination in safe possession and use of a pistol, and, for a first-time applicant after		
1	March 2025, the obligations of an endorsement holder	No	Yes

A.2 Comment on the applicant's safety, competence and attitude to security

Please consider:

- » The applicant's attitude to safety precautions and safety whilst at the club or range; and
- » Any areas of concern or areas for improvement where you believe the applicant's attitude or conduct gives rise to any doubt as to that person being a fit and proper person to possess pistols

Recommendation and declaration

IMPORTANT: The executive committee of the club must be satisfied that the applicant's conduct at the club has not raised doubts in the Committee's mind as to the applicant being a fit and proper person to possess and use pistols.

I declare that the (club name)

is an incorporated pistol shooting club which is recognised by the Commissioner of Police for the purposes of section 29 of the Arms Act 1983. The information given above by the executive committee is true and correct. I know of no reason why the applicant should not have and use pistols. The committee supports and recommends this applicant.

Please sign below

Signature		Date	
		DD/MM/YYYY	
Name			
President or	Secretary (select one)		
ction B: Nation	al association input		

A.1. I / we confirm that...

Se

B.1. Association number

National Association Council Representative OR Executive Secretary

Application is recommended	Recommended	Not recommended	
Please sign below			
Signature			Date
			DD/MM/YYYY
Name			