FIREARM LICENSING AUTHORITY

Surrender of Firearm and/or Ammunition Declaration



This process can only be facilitated at an office of the FLA.

	LICENCE H	OLDER, FIRE	ARM AND AMMUNIT			
Full Name				Т	RN:	
Address						
Occupation	ı					
Contact #						
Email Add	ress					
Make of Fi						
Type of Fir						
	auge of Firear					
Serial Num	ber of Firearr	m				
Certificate Number			Certificate Expiry Date: dd/mm/yyyy			
Number of Ammunition			Type of Ammunition:			
Reason for	Surrender					
I				render the above firearm	and ammunition to the	
Firearm Lie	censing Auth	ority to do as i				
Signature (of Holder/Au	thorised Perso	nn:		Date:	
Signature of Holder/Authorised Person:				Date.		
Section B -	FIREARM A	ND AMMUN	ITION STORAGE INFO	ORMATION (For FLA Use	e Only)	
1				_hereby acknowledge that	at the above mentioned	
firearm and	d ammunition	n are in custody	y at the		·	
Ballistic Te	st Date:					
Job Title						
					PLACE OFFICIAL	
Signature				STAMP		
Date					HERE	
Verified by	r:					
(Name and	Signature)					
Section C -	FOR FLA BO	DARD USE O	NLY			
	Date Subm	itted to the Bo	oard:			
	Decision:					
	Authority (Chairman				
	_					
	Authority N	Member				

Authority Member

Authority Member