

National Firearms Safety & Proficiency Course Registration

Please complete your details as indicated below and **leave with the canteen manager.**

Please print legibly! If you have already lodged one of these applications there is no need to submit a further one.

You will be advised when the next available training session is to be held.

Family Name: Given names:

Postal Address:

Post Code:

Date of Birth: Occupation:

Home Phone: Mobile:

e-mail address

SSAA Membership No: Para No:

please check the relevant boxes in the following questions

I prefer to be contacted by: (1) e-mail (2) SMS

I wish to do the course because I am:

(1) seeking a **NEW** licence in classes A B H

(2) seeking to add POU 1 on my **EXISTING** licence class A B H

(3) doing the course as a new member but **NOT** seeking any licence / change

My existing licence number / SAPOL application number* is:

* this number is at the top of your SAPOL approval letter

I confirm that, where licence changes are being sought, I will bring my letter from SA Police authorising training :

Signed: _____ Date: / /

<i>For office use only</i>		
SAPOL Test :	<input type="text"/>	SSAA Test Score <input type="text"/>
		Certificate date: <input type="text"/>