## AUTHORISATION TO ACQUIRE, SELL, GIFT, OR DISPOSE OF A FIREARM FORM

**CONTACT THE ASSOCIATE DIRECTOR, HSW** (ext 36079)  
**IF YOU ARE ACQUIRING A FIREARM FOR THE FIRST TIME**

### STAFF MEMBER DETAILS

<table>
<thead>
<tr>
<th>Staff ID number</th>
<th>Surname</th>
<th>School/Branch</th>
<th>Given names</th>
<th>Work contact number</th>
<th>Mobile</th>
</tr>
</thead>
</table>

### FIREARMS LICENCE DETAILS (Please attach a copy of licence)

- Firearms licence
- Licence Number ___________________  
  Classes ________  
  Categories ________  
  Expiration ________

### AQUISITION OF FIREARM (if applicable)

- New
- Used

<table>
<thead>
<tr>
<th>Firearm Description</th>
<th>Make</th>
<th>Model</th>
<th>Type</th>
<th>Calibre</th>
</tr>
</thead>
</table>

- Reason for acquisition  
  (For a School/Branch currently not owning Firearms)  
  Yes  
  N/A

### SALE, GIFT, OR DISPOSAL OF FIREARM (if applicable)

- Sale
- Gift
- Disposal

<table>
<thead>
<tr>
<th>Firearm Serial number:</th>
<th>Make</th>
<th>Model</th>
<th>Type</th>
<th>Calibre</th>
</tr>
</thead>
</table>

### AUTHORISATION (By Head of School/Branch)

I hereby authorise the above mentioned Firearms Officer/Deputy Firearms Officer to acquire/sell/dispose of the listed Firearm.  
(Delete actions above which are not applicable)

- Expiration Date of Authorisation ___________________

| Name:__________ | School/Branch:____________________ | Signature ________________ | Date:__________ |

### INSTRUCTIONS

- Firearms Officer
  - Forward a copy of the completed form and Firearms licence (i.e. scanned and sent electronically) to the  
    Associate Director, HSW and cc: to Legal and Risk for insurance purposes.
  - Ensure the SAPOL form(s) has/have been completed. ([http://www.sapolice.sa.gov.au/sapol/services/firearms_weapons/firearms_forms.jsp](http://www.sapolice.sa.gov.au/sapol/services/firearms_weapons/firearms_forms.jsp))
  - Maintain a copy of the completed form in the University’s records management system.