

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

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

### STAFF MEMBER DETAILS

Staff ID number		Surname	
School/Branch		Given names	
Work contact number		Mobile	

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

Firearms licence

Licence Number \_\_\_\_\_ Classes \_\_\_\_\_ Categories \_\_\_\_\_ Expiration \_\_\_\_\_

### AQUISITION OF FIREARM *(if applicable)*

<input type="checkbox"/> New <input type="checkbox"/> Used <i>Please tick one</i>	Reason for acquisition
Firearm Description	
Make:	
Model:	
Type:	
Calibre	
Associate Director HSW advice sought: <i>(For a School/Branch currently not owning Firearms)</i>	
<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> N/A</span>	

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

<input type="checkbox"/> Sale <input type="checkbox"/> Gift <input type="checkbox"/> Disposal <i>Please tick one</i>	Firearm Serial number: _____	Reason for sale, gift, or disposal:
Firearm Description		
Make:		
Model:		
Type:		
Calibre:		

### 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 [Director, HSW](#) and cc to Legal and Risk for insurance purposes.
- Ensure the SAPOL form(s) has/have been completed. (<https://www.police.sa.gov.au/services-and-events/firearms-and-weapons>)
- Maintain a copy of the completed form in the University's records management system.