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ABN 43 408 613 180

# NSW POLICE FORCE - FIREARMS REGISTRY P651

## Club Executive Nomination/Update Form

**A separate nomination form must be completed for each club approval held only if the executive committee is different for each club. USE CAPITAL LETTERS AND BLACK PEN WHEN COMPLETING THIS APPLICATION.**

If updating existing club executive details, a copy of the minutes of the meeting **MUST** be provided with this form.

### A. CLUB DETAILS

Club Name	<input type="text"/>		
Club Address	<input type="text"/>		
Postal Address	<input type="text"/>		
Business Hours	<input type="text"/>	Business FAX No	<input type="text"/>
Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		

### B. CLUB PRESIDENT DETAILS

Last Name	<input type="text"/>	Given Name	<input type="text"/>
Residential Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Date of Birth	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
		Firearms Licence No	<input type="text"/>
Mobile Phone	<input type="text"/>	Phone	<input type="text"/>
		FAX	<input type="text"/>
Signature	<input type="text"/>		

### C. CLUB SECRETARY DETAILS

Last Name	<input type="text"/>	Given Name	<input type="text"/>
Residential Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Date of Birth	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
		Firearms Licence No	<input type="text"/>
Mobile Phone	<input type="text"/>	Phone	<input type="text"/>
		FAX	<input type="text"/>
Signature	<input type="text"/>		

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## D. CLUB CAPTAIN DETAILS

Last Name	<input type="text"/>	Given Name	<input type="text"/>
Residential Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Date of Birth	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
		Firearms Licence No	<input type="text"/>
Mobile Phone	<input type="text"/>	Phone	<input type="text"/>
		FAX	<input type="text"/>
Signature	<input type="text"/>		

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## E. DECLARATION

- I understand that it is a serious offence under the *Weapons Prohibition Act 1998* to make a statement or provide information that I know is false or misleading.
- I certify that all the information contained in this application is true and correct in every detail.
- I agree to the NSW Police Force undertaking such enquiries as are necessary to establish that the information I have provided in relation to this application is true and correct.

Applicants Signature	<input type="text"/>	Date	<input type="text"/>
Applicants Position	<input type="text"/>		
Witness Name	<input type="text"/>	Date	<input type="text"/>
Witness Signature	<input type="text"/>	I confirm that I am 18 years of age or over, and have witnessed the signing of this application	

