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PISTOL SAFE HANDLING COURSE COMPLETION CERTIFICATE

PISTOL CLUB NAME	
This certificate is to accompany an application for a probationary pistol licence or a minors pistol training permit. TYPE OF APPLICATION - Select one box only	
PERSONAL DETAILS OF CLUB MEMBER	
Full Name	
Residential Address	
Suburb / Town	Postcode
Date of Birth (DD,MM,YYYY)	NSW Driver's Licence No.
Cat A/B Firearms licence number (if applicable)	Expiry Date (DD,MM,YYYY)
PISTOL CLUB MEMBERSHIP DETA	ILS
	ng Date M,YYYY) Expiry Date (DD,MM,YYYY) DD MM
PISTOL CLUB CERTIFICATION	
	ails appear on this certificate is a current member of the above pistol club and the ling course to the satisfaction of the pistol club, as required by section 11(3)(b) of the use 144 of the Firearms Regulation 2017.
Club Accredited Training Officer	
Signature	Date (DD,MM,YYYY)
Full Name	Category H Licence No
It is an offence under the Firearms Act 1996 and associated Regulation to dishonestly issue this certificate .	
	ith completing this certificate, please call the Firearms Registry Customer Service line 1300 362 562 and ask to speak to the Clubs Unit.