



# SSAA ACT Inc

## Unlicensed Shooter Declaration

This form is to be completed by all unlicensed persons before they can use firearms on the SSAA ACT Inc. Range Complex in accordance with the SSAA ACT Inc. Unlicensed Shooters Policy.

### A. PERSONAL DETAILS

In this section a minor (12-18 years) completes the details and the parent/legal guardian must provide the photo ID.

Full Name:		
Have you been known by any other names?		
Address:		
Phone Number:		
Email Address:		
Has anything changed since your last declaration?	Yes: <input type="checkbox"/>	Date of last declaration:
	No: <input type="checkbox"/>	If nothing has changed since your last declaration, Section C does not need to be completed.

#### A1. Parent/Legal Guardian Personal Details

Name:	
Address:	
Phone Number:	
Email Address:	

### B. IDENTIFICATION

Photographic ID Type: Drivers License:  Passport:  Proof of Age:

**NOTE:** The Authorised Instructor will be required to verify your identification.

### C. PERSONAL HISTORY

Do any of the following statements apply to you? Yes:  No:

- a) Been refused or prohibited from holding a firearms license or permit or had a firearms licence or permit suspended, cancelled or revoked.
- b) Currently subject to a Good Behaviour Bond or Interim Apprehended Violence Order
- c) Been the subject of a Firearms Prohibition Order.
- d) Suffered/suffering from any mental illness or other disorder that may prevent you from using a firearm safely.
- e) Been convicted within the last 10 years of an offence involving: firearms or weapons; prohibited drugs; robbery; violence or terrorism; or an offence of a sexual nature.
- f) Been the subject, within the last 10 years of a family law or Domestic Violence Order or an Apprehended Violence Order (other than an order which was revoked).

**IF YOU ANSWERED YES ABOVE, YOU WILL NOT BE ELIGIBLE TO USE FIREARMS ON THE SSAA ACT INC. RANGE COMPLEX AS AN UNLICENSED SHOOTER.**



#### D. EMERGENCY CONTACT DETAILS

Full Name:

Phone Number:

Relationship:


#### E. DECLARATION

- I declare that the answer I have given on this form are true and correct to the best of my knowledge. I understand that it is an offence to deliberately make a false or misleading statement and I understand that it may result in my suitability to use firearm to be revoked.
- I agree to abide by the direction provided by SSAA ACT Inc. Authorised Instructors and SSAA ACT Inc. Range Complex Officials.
- I understand and agree that the information in this declaration may be provided to the ACT Firearms Registry and other Authorities if required to make enquiries as to my suitability to be provided instruction in the use of firearms on the SSAA ACT Inc. Range Complex.

Signature:

Date:

#### F. MINORS (12-18 years of age) – TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I declare that I have parental responsibility for the person named in this Declaration (the Minor) and authorise the Minor to participate in shooting activities involving the use of firearms.

I declare that the answers the Minor and I have given in this Declaration are true and correct to the best of my knowledge.

Signature:

Date:

**NOTE:** The parent/legal guardian must supply photographic proof of identity to the range/club official or Authorised Instructor. The range/club official or Authorised Instructor must be satisfied that this requirement has been met.

#### G. CERTIFICATION BY CLUB/RANGE OFFICAL OR INSTRUCTOR – OFFICIAL/INSTRUCTOR USE ONLY

By signing this form, the Authorised Instructor confirms that the identity of the person making the declaration has been verified.

The above-named person is:

Authorised to shoot:

Not authorised to shoot:

Signature:

Date:

Club/Range  
Official or  
Instructor Name:

Club  
Name: