



Port Bouvard Pistol &
Small Bore Rifle Club Inc.
PO Box 363
Mandurah WA 6210

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PISTOL / RIFLE DISPOSAL FORM

Complete and forward to Club Secretary

Members

Surname: **Given Names:**

Membership No: **Firearm Licence No:**

FIREARM DETAILS

DESCRIPTION OF FIREARM:

MAKE: **SERIAL NUMBER:**

TYPE: **CALIBRE:**

BARREL LENGTH: **COMPETITION:**

MAGAZINE CAPACITY:

DETAILS OF DISPOSAL TO A LICENCED PERSON OR LICENCED DEALER

Surname: **Given names:**

OR DEALERS NAME:

ADDRESS:

Unit / Street No: **Street Name:**

Suburb: **State:** **Post Code:**

THEIR FIREARMS LICENCE No: **(or Dealers Licence No.)**

Members Signature:

ADMINISTRATION USE ONLY: