**Details Required by SSAA Townsville Branch Inc.**

**For Obtaining A Pistol**

**Do Not send as a photo from a phone** **or I Pad** or anything else send as PDF or Word doc.

|  |  |
| --- | --- |
|  | **Place details in this column.**  **Details must be the same as on licence.** |
| \*Family Name |  |
| \*Given Names |  |
| \*Street Number and Name |  |
| \*Suburb / Locality |  |
| \*State |  |
| \*Post Code |  |
| **\*SSAA National**  Membership Number |  |
| \*Exp Date |  |
| **\*Local**  Membership Number |  |
| \*Exp Date |  |
| \*Cat H Licence Number |  |
| \*Exp Date |  |
| **\*Pistol** Make |  |
| \*Model |  |
| \*Calibre |  |
| \*Magazine Capacity |  |
| \*Action  Revolver, semi auto etc |  |
| \*Barrel length  in mm |  |
| \*Overall Length  in mm |  |
| Serial Number  if known |  |

Please fill out legibly, **all sections marked \* apart from the last are mandatory**.

Email to [secretary@ssaatownsville.org.au](mailto:secretary@ssaatownsville.org.au)