



SOUTH AUSTRALIAN REVOLVER AND PISTOL ASSOCIATION

PO BOX 310, Seacliff Park, South Australia 5049

Secretary: Phone 0419 017 135 • Email sarpa@adam.com.au
Office Administrator: Phone 0419 017 134 • Email sarpaadmin@adam.com.au

Affiliated with

International Shooting Sport Federation • Shooting Australia Inc. • Pistol Australia
South Australian Shooting Association • Sport SA • Combined Firearms Council of South Australia Inc.

First Referee Report

(MUST BE SIGNED AND DATED WITHIN THE LAST SIXTY (60) DAYS)

NOTE: This reference will be personally verified by the Club Secretary prior to them writing to the Firearms Branch seeking certification, pursuant to Section 74 of the Firearms Act 2015, that the Applicant is a fit and proper person to hold a Firearms Licence.

To the Secretary of the Club.

I HAVE KNOWN
(Please PRINT the Applicant's name clearly)

for more than the past TWO YEARS. During the time that I have known the Applicant, I have found them to be an honest, trustworthy and reliable person. At no time have I known them to have broken the law or to act in an unlawful manner. Further, I consider that The Applicant is of good character and suitable to take up membership of a firearms club.

I UNDERSTAND that the Secretary of the abovenamed Club will contact me to verify the authenticity of this reference.

Dated:....., 20..... Referee's Signature:

Referee's Name:
(Family Name) (Given Name)

Residential Address:..... Post Code:.....

Home Ph:..... Bus Ph:..... Mobile:.....

CLUB SECRETARIES - PLEASE NOTE

This Referee Report MUST be verified by you before Membership can be offered, and you are required to keep a copy of this Referee Report on file for at least three years.

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