



SOUTH AUSTRALIAN REVOLVER AND PISTOL ASSOCIATION

PO BOX 310, Seacliff Park, South Australia 5049

Secretary: Phone 0419 017 135 • Email secretary@sarpa.org.au
Office Administrator: Phone 0419 017 134 • Email office.administrator@sarpa.org.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:.....

➡ **Please indicate the most suitable day and time for contact:** Day:..... Time:.....

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.

Verified by:..... (Club Secretary or Club Nominee)
(Please PRINT name)

Signed:..... Dated:..... /..... /20

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