

Send your completed application to:  
 Licensing & Regulation Division  
 GPO Box 2807  
 Melbourne 3001  
 Telephone (local call): 1300 651 645  
 E-mail: [licensingregulation@police.vic.gov.au](mailto:licensingregulation@police.vic.gov.au)  
 Internet: [www.police.vic.gov.au](http://www.police.vic.gov.au)



VICTORIA POLICE

## APPLICATION FOR A RESTRICTED MAGAZINE AUTHORITY PURSUANT TO SCHEDULE 2 OF THE *FIREARMS ACT 1996*

### NAME & ADDRESS DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact No: Home: \_\_\_\_\_ Bus: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail \_\_\_\_\_

### POSTAL ADDRESS

Postal Address \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

Firearms Licence no \_\_\_\_\_ Expiry Date \_\_\_\_\_

I am a member of the International Practical Shooting Confederation (IPSC).

IPSC membership no \_\_\_\_\_ Expiry Date \_\_\_\_\_

Confirm quantity of restricted magazine being acquired for use 

Genuine reason for the quantity of restricted magazine/s to be acquired

Firearm details the restricted magazine is to be attached to

Firearm serial no \_\_\_\_\_ or Firearm Police Reference Number \_\_\_\_\_

IPSC Event \_\_\_\_\_

If you are acquiring the restricted magazine authority for the possession on behalf of a junior, please provide the information below:

Junior	Licence	Holder's	Name
_____	_____	_____	_____

Junior Firearm Licence No \_\_\_\_\_ Expiry Date \_\_\_\_\_

I acknowledge that I understand that if I am granted this authority I cannot use the magazines in combination with a bolt action, lever action or pump action centre fire rifle for any other purpose other than practicing for or participating in the IPSC Rifle Division events know as Manual Action Open and Manual Action Standard (10) at an approved firearms range.

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date

**NOTE:** Please ensure that you attach a copy of yours or the junior licence holder's current IPSC membership card.  
**IPSC ENDORSEMENT FOR RESTRICTED MAGAZINE AUTHORITY**

Name: \_\_\_\_\_ Licence No: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**International Practical Shooting Confederation (IPSC) Club Details**

Club Name: \_\_\_\_\_

Date Joined : \_\_\_\_\_ Membership Expiry : \_\_\_\_\_

**Club Endorsement:** Membership Number : \_\_\_\_\_

I, \_\_\_\_\_ **Nominated Officer** of the applicant's Approved Longarm Target Shooting Club, on behalf of the Club, endorse this application to acquire a restricted magazine, being satisfied that the applicant: has completed a genuine reason to be acquire and posses restricted magazine/s to enable them to compete in a particular class of approved IPSC match conducted by the club or another approved Longarm target shooting club; and can comply with storage requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date