

SSAA MOONTA BRANCH Inc.

PO BOX 87, MOONTA 5558



Members New Firearm CHIT Form

Name:

Licence:

Licence Expiry Date:

Date CHIT Required By: (Please allow 4 weeks for CHIT issue)

Ph:

Email:

Firearms Description:

Firearm: Pistol Rifle Shotgun (circle)

Type: revolver semi auto single action (circle) other.....

Make:

Model:

Calibre:

Capacity:

(Pistol only)

Barrel Length:

(Pistol only)

Send completed form to secretary@ssaamoonta.org.au