



SSPC ACT Discipline Coordinator Endorsement of Handgun Purchase

1. SSPC ACT Members Details

Name: _____

SSPC ACT #: _____

SSAA Expiry Date: _____

Licence #: _____

Licence Expiry: _____

State: _____

Phone #: _____

Email: _____

2. Firearm Details

Serial #: _____

Make: _____

Model: _____

Action: _____

Calibre: _____

Barrel Length: _____ mm

Modifications: _____

3. Proposed Use (Discipline/Match):

Discipline/Match: _____

4. Applicants Declaration

I, declare that, to best of my knowledge, the information provided is true.

I, declare that, I have appropriate storage for the mentioned handgun.

Applicants Signature: _____

5. Discipline Coordinator Endorsement

Discipline Officials Name: _____

Discipline Name: _____ Supported: _____

Email: _____

Comment/s: _____

Signature: _____

6. Registrar

Date Received: _____

Registrar Signature: _____

Registrar Stamp