



# **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: \_\_\_\_\_

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**

Email: \_\_\_\_\_ Supported: \_

Comment/s: \_\_\_\_\_

Signature: \_\_\_\_\_

## **6. Registrar**

Date Received: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_

Registrar Stamp