

## APPROVAL FOR THE EXCHANGE OF INFORMATION BETWEEN APPROVED CLUBS AND TASMANIA POLICE

I (insert full name)
Date of birth
give permission for Tasmania Police to release to an Office Bearer of (insert name of
club) TII SSAA HUON COMBINED SHOOTING CLUB
(i) any information that would affect my suitability to be granted or to retain my firearms licence,
and
(ii) for the previously mentioned club to report to Tasmania Police any concerns that I may pose a danger if in possession of a firearm.
I understand that the club is indemnified from civil or legal liability if they notify Tasmania Police in good faith of matters identified in (i) and (ii).
Signed
Date Witness (Club Office Bearer)
Witness (Club Office Bearer)
Date
Please return to:
Firearms Services GPO Box 308 HOBART TAS 7001
Firearms.Services@police.tas.gov.au