

First name	
Last name	
Email address	
Daytime contact number	
After hours contact number	
LA102 .223 Calibre Rifle Serial number	
Your rifle Cerakote colour? (please tick)	Armour Black Titanium
Your rifle stock type? (please tick)	Polymer Walnut Laminate
State/Territory where your rifle is registered?	
Name of firearms dealer where your rifle was returned?	
Date returned (DD/MM/YYYY)	
Printed Name	
Signature	
Date (DD/MM/YYYY)	

(please tick)