



NORTHERN TERRITORY POLICE

Section 27 / 16A – Firearms Act

APPLICATION FOR (ONLY SELECT ONE OPTION PER APPLICATION):

EMPLOYEES LICENCE DEALER EMPLOYEE (NOMINEE) LICENCE (NO FEE)

POLICE USE ONLY

Firearm Licence No: _____

Receipt No: _____

Fee Charged \$: _____

Please tick appropriate boxes

NOTE: NOT TO BE USED FOR RECREATIONAL SHOOTER LICENCE APPLICATIONS

Surname:		Given Name:		Middle Name(s):	
Date of Birth: / /		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Home Phone Number:	
Place of Birth:.....				Mobile Phone Number:.....	
				Email:.....	
Residential Address (Number, Street, Suburb):					Post Code:
Postal Address (PO Box Number, Town/City):					Post Code:
Occupation:		Name of Employer:			
Business Phone Number:		Address of Employer:			
Drivers' Licence: State: Number:			Interstate Shooters' Licence: State: Number:		

Failure to Disclose Information May Result in Refusal of this Application

Do you have, or have you ever had a Domestic Violence Order or other similar Restraining Order issued against you? (including Interstate and Overseas) No Yes

Have you had a finding of guilt against you in past 10 years, for any kind of offence, not including minor traffic offences, but including -Interstate or Overseas findings of guilt? - Finding of Guilt acquired whilst under the age of 18: No Yes

Have you ever suffered from a mental health disorder e.g. chronic depression, PTSD? (If yes please provide a report from your treating GP in support of your application.) * No Yes

Have you ever threatened or attempted self-harm? (If yes please provide a report from your treating psychiatrist in support of your application.)* No Yes

*Note – The medical reports MUST state that the treating doctor or psychiatrist “does not consider the applicant a risk to themselves or others if granted a firearms licence”.

NT FIREARMS TRAINING SAFETY CERTIFICATE

Completed and attached Not Completed – Reason Renewal Booked Interstate Qualification (attached)
 Holds current NT A + B Category Shooter Licence

TO BE COMPLETED BY EMPLOYER

I, of, require, to have in his/her possession whilst employed by my company as a, for the following categories of firearms: A B C D H

He/she has undergone a Firearm Training and Safety Course within the last 12 months for the **security** industry / within the last 2 years for Government Employees / within the last 5 years for other types of Employees: Yes No N/A Certificate attached: Yes No

If the applicant is applying for a **first issue** of a licence for the **security** industry, has he/she undergone counselling by a solicitor in relation to the legal use of firearms: Yes No N/A Letter from legal practitioner proving that they have been briefed attached: Yes No

All firearms use by this person will be registered to the Company and will only be used in conjunction with his/her employment: Yes No

DECLARATION

Privacy Disclaimer Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form to ensure compliance with legislation and to ensure the Commissioner of Police can satisfy him/herself of a number of matters related to the issuing of firearms licences, permits and registration. This collection is authorised or required by the NT *Firearms Act* and *Regulations*. Through national agreements the NTPFES will provide some or all of this information to other agencies with a direct interest in firearm permits, licensing, and registration. Failure to provide this information in full or in part may result in your application not being processed or being refused.

You can access your personal information provided on this form. If you have any queries or wish to access this information please contact NTPFES by phoning 08 8999 5511 (NT Government Switch).

I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the *Firearms Act* and acknowledge to make a false statement in an application is an offence under Section 89(1) of that Act.

Signature of employer.....
 Print name of employer and title..... Date: / /

I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the *Firearms Act* and acknowledge to make a false statement in an application is an offence under *Section 89(1)* of that Act.

Signature of applicant:..... Date: / / Declared at (Police Station):.....

PENALTY: 100 PENALTY UNITS OR IMPRISONMENT FOR 2 YEARS FOR FALSE OR MISLEADING STATEMENT

- Firearms ownership is not a right, it's a responsibility -

RECEIVING MEMBER – See overleaf to complete application

RECEIVING MEMBER TO COMPLETE

Signature of member receiving application:	Member PRINT: Position / Rank / Reg. No.:.....	Date Received:/...../.....
New Photography taken <input type="checkbox"/> (email to: FirearmsRegistry@pfes.nt.gov.au)		NOTE: Supporting documentation must be attached If No reason:.....
Application updated on SAFER <input type="checkbox"/> Yes <input type="checkbox"/> No		

**ALL APPLICATIONS MUST BE COMMENCED ON SAFER BEFORE FORWARDING TO FPRU.
 ALL APPLICATIONS NOT STARTED ON SAFER WILL BE RETURNED TO RECEIVING STATION FOR INCLUSION ON SAFER PRIOR TO APPLICATION BEING PROCESSED.**

NT FIREARMS TRAINING SAFETY CERTIFICATE – POLICE USE ONLY

Completed & attached

Not completed - Reason Renewal Booked Interstate Qualification (attached) Holds current NT A + B Category Shooters Licence

CHARACTER / CONVICTION - POLICE USE ONLY

<input type="checkbox"/> PROMIS check completed (by member receiving application)	<input type="checkbox"/> Unknown – New PROMIS ID: <input type="checkbox"/> Known – PROMIS ID'S list all:...../...../...../...../.....
Criminal / Traffic History: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
Involvements: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
Alerts / Warrants / DVO'S: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
<input type="checkbox"/> IJIS check completed (by member receiving application)	<input type="checkbox"/> Unknown <input type="checkbox"/> Known – IJIS ID:...../.....,...../...../...../.....
Criminal / Traffic History: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
Domestic Violence Orders Personal Violence Orders Restraining Orders	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes:
Other History / Orders	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes:
<input type="checkbox"/> NFLRS check completed (if required) (Interstate Licence Transfer)	<input type="checkbox"/> Unknown <input type="checkbox"/> Known <input type="checkbox"/> Not relevant <input type="checkbox"/> Relevant, Attach printout of details
Interstate Firearm Licence	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes:
<input type="checkbox"/> NPRS check completed	<input type="checkbox"/> Unknown <input type="checkbox"/> Known <input type="checkbox"/> Not relevant <input type="checkbox"/> Relevant, Attach printout of details

COMPLETED APPLICATION MUST BE SCANNED TO SAFER AND EMAILED TO

firearmsregistry@pfes.nt.gov.au

RETAIN THE ORIGINAL FORM AT RECEIVING STATION

FORWARD TO THE FIREARMS POLICY AND RECORDING UNIT (FPRU), PETER MCAULAY CENTRE, DARWIN

Tel: 131 444 Fax: 08 89223540 Email: firearmsregistry@pfes.nt.gov.au

For more information visit: <http://www.pfes.nt.gov.au/Police/Firearms-Weapons/Firearms-licences-permits-forms.aspx>