



NORTHERN TERRITORY POLICE

Section 24 / 25A / 30 – *Firearms Act*

APPLICATION FOR:

COLLECTORS **ANTIQUE** **HEIRLOOM - LICENCE**

Note: A Collectors Licence will not be issued until premises is inspected and approval given on each new or reissue of licence application.

POLICE USE ONLY	
Firearm Licence No:	
Receipt No:	
Fee Charged: \$.....	

Surname:		Given Name:		Middle Name(s):	
Date of Birth: / /	Place of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Phone Number:		
			Mobile 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:	
Drivers Licence State:..... Number:.....			Interstate Shooters Licence State:..... Number:.....		

Please tick appropriate box

I hereby apply for a licence to deal in / store firearms of Categories: **A** **B** **C** **D** **H**

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)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had a finding of guilt against you in the 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;	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever suffered from a diagnosed mental health disorder e.g. chronic depression, PTSD? (If yes please provide a report from your treating GP in support of your application.) *	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever threatened or attempted self-harm? (If yes please provide a report from your treating psychiatrist in support of your application.)*	<input type="checkbox"/> No <input type="checkbox"/> 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”.

- Name of Collectors Association:** (attach proof of Membership):.....
- A letter outlining details of a **thematic theme** for the type of firearms they are seeking to collect (in the case of an Heirloom licence a letter outlining the firearm(s) significant historical or sentimental lineage to the applicant or the applicant’s family) **Must be attached**..
- For the safekeeping of firearms, list storage locations of all firearms (attach extra documentation if needed):.....
.....

DECLARATION	
<p>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 licenses, permits and registration. This collection is authorized or required by the NT <i>Firearms Act</i> and <i>Regulations</i>. 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.</p> <p>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).</p>	
<p>I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the <i>Firearms Act</i> and acknowledge to make a false statement in an application is an offence under Section 89(1) of that Act.</p> <p>Signature of applicant:..... Date: / /</p> <p>PRINTED NAME:.....</p>	<p>Declared at:</p>

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.:
-----------------------------------------------------	--------------------------	---------------------------	-----------------------------

POLICE USE ONLY

CHARACTER / CONVICTION CHECKS

<input type="checkbox"/> PROMIS check completed (by member receiving application)	<input type="checkbox"/> Unknown – New PROMIS ID:
	<input type="checkbox"/> Known – PROMIS ID:
	Criminal / Traffic History: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details,
	Involvements: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details,
	Alerts / Warrants: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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"/> Yes <input type="checkbox"/> No If yes, details,
	Domestic Violence / Restraining Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details,
	Other Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details,
<input type="checkbox"/> NFLRS check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/> Unknown:.....
	<input type="checkbox"/> Known, details,
<input type="checkbox"/> NPRS check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/> Unknown:.....
	<input type="checkbox"/> Known, details,

COMPLETED APPLICATION MUST BE SCANNED TO SAFER AND EMAILED TO

firearmsregistry@pfes.nt.gov.au

RETAIN THE ORIGINAL FORM AT RECEIVING STATION

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

FPRU USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	Condition Codes:
Signature: Position/Rank: Date: / /		

**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>