

NSW POLICE FORCE - FIREARMS REGISTRY P639

Application for a person to be Authorised on a Prohibited Weapon Permit

ABN 43 408 613 180

This form is not a prohibited weapon permit application form.

This form is for a person, other than the permit holder, to be authorised to possess and use prohibited weapons in connection with a permit issued under the *Weapons Prohibition Act 1998* and the associated Regulation. The person making application on this form would be employed or engaged by the prohibited weapons permit holder and would be required as part of their duties to possess and use a prohibited weapon.

This is an interactive form. Please complete all sections, print and sign this form and submit to -
Firearms Registry, Locked Bag 5102, Parramatta NSW 2124.

Failure to complete all sections of these forms and provide all the required supporting documentation may result in delay or refusal of your application.

A. PERSONAL AND CONTACT DETAILS

Last Name	<input type="text"/>	Given Names	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Gender	<input type="text"/>
		NSW Drivers Licence No.	<input type="text"/>
Mobile Phone No	<input type="text"/>	Day Time Phone No	<input type="text"/>
		Email Address	<input type="text"/>

If you have been known by another name, please provide details below (Last Name, Given Names)

If you have held or currently hold a licence or permit in NSW, please provide the number here.

B. RESIDENTIAL ADDRESS

C. POSTAL ADDRESS - If the same as your residential address please mark this box

D. CERTIFICATION BY EMPLOYER - Prohibited Weapon Permit Holder or Applicant

This section must be completed by the person who holds or has made application for a prohibited weapon permit and who employs the person named in Section A above.

Applicants Position	<input type="text"/>
Applicants Duties or Tasks	<input type="text"/>

I certify that the applicant, whose details appear overleaf, is employed or engaged by me, and is required to possess and use a prohibited weapon in connection with those employment duties.

Signature	<input type="text"/>	Date	<input type="text"/>
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Name	<input type="text"/>	Permit Number (if held)	<input type="text"/>
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E. PERSONAL HISTORY - You MUST complete this section - select one box for each question

	YES/NO
Have you in NSW or elsewhere;	
a) Been refused or prohibited from holding a firearms licence or a firearms or weapons permit or had a firearms licence or firearms or weapons permit suspended, cancelled or revoked?	<input type="checkbox"/>
b) Been recorded as a registrable person or corresponding registrable person under the <i>Child Protection (Offenders Registration) Act 2000</i> ?	<input type="checkbox"/>
c) Been subject to a firearms/weapons prohibition order?	<input type="checkbox"/>
d) Ever attempted suicide or self harm, or in the past 12 months been referred or treated for alcoholism, drug dependence, or a mental or nervous disorder or illness?	<input type="checkbox"/>
e) Within the last 10 years, been convicted of an offence involving firearms or weapons, prohibited drugs/plants/prescribed restricted substances, fraud/dishonesty/stealing, terrorism, violence, assaults against law enforcement officers, robbery, organised criminal groups and recruitment, riot, affray or an offence of a sexual nature or are you presently subject to a good behaviour bond in relation to one of those offences?	<input type="checkbox"/>
f) Within the last 10 years, been the subject of a Apprehended Violence Order (other than an order which was revoked) or an injunction ordered by the Family Court, or presently subject to an interim Apprehended Violence Order?	<input type="checkbox"/>

IF YOU ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS AS AN ATTACHMENT

F. DECLARATION

- I understand that it is a serious offence under the Weapons Prohibition Act 1998 to make a statement or provide information that I know is false or misleading & I certify that all the information contained in this application is true and correct in every detail.
- I authorise the release of my personal information to any third party the Commissioner deems appropriate and for the purposes of any relevant Authority verifying the details of this application.
- I agree to the NSW Police Force undertaking such enquiries as are necessary to establish that the information I have provided in relation to this application is true and correct.

Applicants Signature	<input type="text"/>	Date	<input type="text"/>
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G. CREDIT CARD AUTHORITY Please debit my credit card for **\$25.00** MasterCard Visa

CARD Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date	<input type="text"/>	/	<input type="text"/>
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Cardholder Name (PLEASE PRINT)	<input type="text"/>
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Cardholder Signature	<input type="text"/>	Date	<input type="text"/>
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OFFICE USE ONLY

Receipt No.	<input type="text"/>	Amount	\$25.00	Date	<input type="text"/>
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A separate application form must be completed by each person.

There is a \$25.00 application fee for each P639 application which can be paid by credit card in Section G of this form.

Payment must accompany the application.