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ABN 43 408 613 180

# NSW POLICE FORCE - FIREARMS REGISTRY

P561

## Application for a Personal Firearms Licence

Please use **BLACK PEN** and **CAPITAL LETTERS** to complete this form. Failure to make necessary amendments to the pre-printed information AND complete all sections of this form may result in a delay or refusal of your application.

**THIS APPLICATION IS FOR:** Please mark appropriate box with an 'X'

NSW Firearms Licence No. (if held)

New Application  
  New Genuine Reason  
  New Category  
  Reapplication  

### A. PERSONAL AND CONTACT DETAILS

Last Name   
 Given Names   
 Date of Birth  DD  MM  YYYY  
 Male  Female   
 NSW Drivers Licence No.   
 Mobile Phone   
 Home Phone No     
 Business No   
 Email Address

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

### B. RESIDENTIAL ADDRESS

Unit No  Property Name   
 Street No  Street Name   
 Suburb  State  Postcode

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

Unit No  PO Box No  Property Name   
 Street No  Street Name   
 Suburb  State  Postcode

### D. GENUINE REASON FORMS ATTACHED

- |  |   |
|--|---|
| <input type="checkbox"/> SPORT/TARGET SHOOTING               | <input type="checkbox"/> BUSINESS OR EMPLOYMENT |
| <input type="checkbox"/> RECREATIONAL HUNTING/VERMIN CONTROL | <input type="checkbox"/> RURAL OCCUPATION       |
| <input type="checkbox"/> PRIMARY PRODUCTION                  | <input type="checkbox"/> ANIMAL WELFARE         |
| <input type="checkbox"/> VERTEBRATE PEST ANIMAL CONTROL      | <input type="checkbox"/> FIREARMS COLLECTION    |

Note: A separate genuine reason form must be attached for each box marked above.

### E. FIREARMS SAFETY TRAINING

Firearms Licence Qualification Certificate(s) or other approved course certification attached  
 OR  
 Previous NSW Firearms Licence number

**F. FEE EXEMPTIONS AND LICENCE TERMS - Please mark appropriate box(s) with an X**

+	<input type="checkbox"/> PRIMARY PRODUCER (PRIMARY PRODUCTION ONLY)		<input type="checkbox"/> 5 YEAR LICENCE	+
	<b>OR</b>		<b>OR</b>	
	<input type="checkbox"/> PENSIONER (CAT A/B/H ONLY)		<input type="checkbox"/> 2 YEAR LICENCE	

**G. SAFEKEEPING ADDRESS OF FIREARMS - if same as Residential Address mark this box with an X**

Please note this section **MUST** be filled out even if you do not currently possess any firearms.

The *Firearms Act 1996* prescribes strict requirements for the safekeeping of firearms. (See FACT Sheets available on the Internet). Failure to comply attracts severe penalties. **Police may inspect your safe storage at a mutually agreed time.**

**I will keep any firearms owned by me or in my possession at the following address (please provide additional details if your firearms are stored at more than one location, specifying location details for each firearm):**

Unit No	<input type="text"/>	Property Name	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

**H. PERSONAL HISTORY - You MUST complete this section - Mark an 'X' in one box for each question**

Have you in NSW or elsewhere;

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a) Been refused or prohibited from holding a firearms licence or permit or had a firearms licence or permit suspended, cancelled or revoked?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| b) Are you currently subject to a Good Behaviour Bond for an offence referred to in question e) or an Interim Apprehended Violence Order?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| c) Been, or are presently, subject to a firearms/weapons prohibition order, other than an order that has been revoked?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| d) Have you 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?   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| e) Within the last 10 years, been convicted of an offence involving firearms or weapons, prohibited drugs/plants, fraud/dishonesty/stealing, prescribed restricted substances, terrorism, violence, robbery, organised criminal groups and recruitment, or an offence of a sexual nature? | YES | <input type="checkbox"/> | NO | <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?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

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

**I. DECLARATION**

- I fully understand and can comply with the firearms safekeeping requirements of the *Firearms Act 1996* and associated Regulation.
- I understand that it is a serious offence under the *Firearms Act 1996* 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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**DO NOT SEND PAYMENT - PAY AT THE RMS WITH PHOTO ADVICE**