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ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY P560

Application for a Firearms Dealer Licence

Please use **BLACK PEN** and **CAPITAL LETTERS** to complete this form. Failure to complete all sections of this form may result in delay or refusal of your application.

THIS APPLICATION IS FOR A - Please mark appropriate box with an 'X'

New Application
 Reapplication
 Existing NSW Firearms Dealer Licence Number (re-application)

A. DEALER DETAILS

Dealer/Business Name
 Trading Name
 Mobile Phone Business No
 Email Address ABN/ACN Number

B. BUSINESS ADDRESS - This will be noted as the safekeeping address for all firearms

Unit No Property Name
 Street No Street Name
 Suburb State Postcode

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

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

D. NOMINATED LICENCE HOLDER DETAILS

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

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

E. POSTAL ADDRESS - If the same as your business address please mark this box with an X

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

F. FIREARMS SAFETY TRAINING - NOMINATED LICENCE HOLDER

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



G. FIREARMS TYPES - Mark the relevant boxes with an 'X' to indicate the type of firearms in which you wish to trade.

A B C D H Prohibited Firearms

IF YOU ARE REQUESTING PROHIBITED FIREARMS YOU WILL NEED TO SUPPLY SUPPORTING DOCUMENTATION AS EVIDENCE OF YOUR NEED TO TRADE IN THIS TYPE OF FIREARM. INDICATE BELOW THE PROHIBITED FIREARMS IN WHICH YOU WISH TO TRADE. SEE ACCOMPANYING SCHEDULE 1 PROHIBITED FIREARMS FOR DESCRIPTIONS.

1 2 3 4 5 6 7 8 9
 10 11 12 13 14 15 16 17 18

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 NO
- 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 NO
- c) Been, or are presently, subject to a firearms/weapons prohibition order, other than an order that has been revoked? YES NO
- 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 NO
- 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 NO
- 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 NO

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 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 Date

Witness Name Date

Witness Signature I confirm that I am 18 years of age or over, and have witnessed the signing of this application

J. CREDIT CARD AUTHORITY Please debit my credit card for **\$500.00** MasterCard Visa

CARD Number Expiry Date /

Cardholder Name (PLEASE PRINT)

Cardholder Signature Date

OFFICE USE ONLY

Receipt No. Amount **\$500.00** Date

