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ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY P635

Application for a Person to be Authorised on a Firearms Permit

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

This application is for a person, other than the permit holder, to be authorised to possess and use firearms in connection with a permit issued under the *Firearms Act 1996* and the associated Regulation.

A separate application form must be completed for each person.

This application must be signed and witnessed, and supported by documents providing 100 point ID. Please see supplementary instructions for documents totalling 100 points.

NOTE: This form must accompany a P634 "Application for a Firearms Permit". Please return this form to the Permit Applicant, who will forward this application and any accompanying documentation to the NSW Firearms Registry.

Firearms Licence or Permit Number of person completing this form - if held

If this form is to authorise a new person on an existing permit insert Permit Number here

A. PERSONAL AND CONTACT DETAILS

Last Name

Given Names

Date of Birth 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. 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)? YES NO

- c) Been, or are presently, subject to a firearms/weapons prohibition order? YES NO

- d) Attempted suicide or self harm or been referred or treated for alcoholism, drug dependence, or a mental or nervous disorder or illness? YES NO

- e) Been convicted of an offence involving firearms or weapons, prohibited drugs/plants, fraud/dishonesty/stealing, prescribed restricted substances, terrorism, violence, robbery or an offence of a sexual nature? YES NO

- f) Within the last 10 years been the subject of a Domestic Violence Order or 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

E. CERTIFICATION - To be completed by the Firearms Permit holder

The person who is the permit holder must complete and sign this section.

Applicant's Position

List of tasks / duties

I certify that the applicant, whose details appear overleaf, is required to possess and use a firearm in connection with a permit issued under the *Firearms Act 1996* and the associated Regulation.

Signature

Date

Name

F. DECLARATION

- 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

