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ABN 43 408 613 180

# NSW POLICE FORCE - FIREARMS REGISTRY P634

## Application for 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 - Please mark appropriate box with an 'X'**

New Application    
  Reapplication    
 Existing NSW Firearms Licence or Permit Number (if held)

### 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     
 Email Address

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

### B. RESIDENTIAL ADDRESS

Unit No  Street No  Street Name   
 Suburb  State  Postcode

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

PO Box No  Unit Street No  Street Name   
 Suburb  State  Postcode

### D. BUSINESS, CLUB, GOVERNMENT AGENCY DETAILS

Business Name   
 Trading Name  Business Phone No   
 Business Address   
 Postal Address

### E. PERMIT TYPE

<input type="checkbox"/> Ammunition Collection	<input type="checkbox"/> Firearms Museum Permit	<input type="checkbox"/> Overseas Safari Tour Participant	<input type="checkbox"/> RSL Display Permit
<input type="checkbox"/> Ammunition Purchase & Sell	<input type="checkbox"/> Heirloom Permit	<input type="checkbox"/> Paint-Ball Game - Conduct	<input type="checkbox"/> Scientific Purposes
<input type="checkbox"/> Arms Fair Permit - Conduct	<input type="checkbox"/> Historical Re-enactment Organiser	<input type="checkbox"/> Paint-Ball Gun - Possess	<input type="checkbox"/> Scientific Purposes Student
<input type="checkbox"/> Cannon - permit for certain	<input type="checkbox"/> Off-Duty Possession of Pistol	<input type="checkbox"/> Powerheads Permit	<input type="checkbox"/> Starting Pistol
<input type="checkbox"/> Film, TV or Theatrical Productions	<input type="checkbox"/> Open Day	<input type="checkbox"/> Primary Production Pistol	<input type="checkbox"/> Tranquilliser Permit
<input type="checkbox"/> Firearms Instructor Permit	<input type="checkbox"/> Operate Safari Tour	<input type="checkbox"/> Purchase non-prohibited firearm on leaving Australia	<input type="checkbox"/> Other, please specify and attach additional information



**F. 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 Brochure "Safe Storage of Firearms"). Failure to comply attracts severe penalties. Police may inspect your security arrangements at any reasonable 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):**

Unit No  Property Name

Street No  Street Name

Suburb  State  Postcode

**G. 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**

**H. 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.
- 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

**I. CREDIT CARD AUTHORITY**

Please debit my credit card for \$  MasterCard  Visa

CARD Number     Expiry Date  /

Cardholder Name (PLEASE PRINT)

Cardholder Signature  Date

**OFFICE USE ONLY**

Receipt No.  Amount \$  Date

