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ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY P651

Application for Approval of a Prohibited Weapons Club

USE CAPITAL LETTERS AND BLACK PEN WHEN COMPLETING THIS APPLICATION.

A. CLUB DETAILS

Club Name

Club Address

Postal Address

Business Phone No Email Address

Date the club was established Type of club or society Collection Historical or Commemorative

B. NOMINATED APPROVAL HOLDER DETAILS

Last Name

Given Names

Club Position Held NSW Drivers Licence No.

Date of Birth Male Female

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)

C. APPROVAL HOLDER RESIDENTIAL ADDRESS

Unit No Street No Street Name

Suburb State Postcode

D. 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

E. INSURANCE DETAILS - Provide a copy of the current insurance certificates for public liability and member insurance

Insurance Company Name

Type of Policy Policy Number

Sum of Liability Expiry Date of Policy

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F. PROHIBITED WEAPONS - Mark with an 'X' the boxes below to indicate the type of weapons your club members possess. Please refer to the Schedule 1 - Prohibited Weapons List for descriptions of each item.

<input type="checkbox"/> Item 1(1)	<input type="checkbox"/> Item 1(1A)(1)	<input type="checkbox"/> Item 2(8)	<input type="checkbox"/> Item 2(15)	<input type="checkbox"/> Item 2(19)	<input type="checkbox"/> Item 3(3)	<input type="checkbox"/> Item 4(4)
<input type="checkbox"/> Item 1(2)	<input type="checkbox"/> Item 1(1A)(2)	<input type="checkbox"/> Item 2(9)	<input type="checkbox"/> Item 2(16)	<input type="checkbox"/> Item 2(20)	<input type="checkbox"/> Item 3(4)	<input type="checkbox"/> Item 4(5)
<input type="checkbox"/> Item 1(3)	<input type="checkbox"/> Item 1(1A)(3)	<input type="checkbox"/> Item 2(10)	<input type="checkbox"/> Item 2(17)	<input type="checkbox"/> Item 2(21)	<input type="checkbox"/> Item 3(5)	<input type="checkbox"/> Item 4(6)
<input type="checkbox"/> Item 1(4)	<input type="checkbox"/> Item 2(4)	<input type="checkbox"/> Item 2(11)	<input type="checkbox"/> Item 2(17a)	<input type="checkbox"/> Item 2(22)	<input type="checkbox"/> Item 3(6)	<input type="checkbox"/> Item 4(7)
<input type="checkbox"/> Item 1(5)	<input type="checkbox"/> Item 2(5)	<input type="checkbox"/> Item 2(12)	<input type="checkbox"/> Item 2(18)	<input type="checkbox"/> Item 2(23)	<input type="checkbox"/> Item 4(1)	<input type="checkbox"/> Item 4(8)
<input type="checkbox"/> Item 1(6)	<input type="checkbox"/> Item 2(6)	<input type="checkbox"/> Item 2(13)	<input type="checkbox"/> Item 2(18A)	<input type="checkbox"/> Item 2(24)	<input type="checkbox"/> Item 4(2)	<input type="checkbox"/> Item 4(9)
<input type="checkbox"/> Item 1(7)	<input type="checkbox"/> Item 2(7)	<input type="checkbox"/> Item 2(14)	<input type="checkbox"/> Item 2(18B)	<input type="checkbox"/> Item 3(1)	<input type="checkbox"/> Item 4(3)	

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 <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, public order, assaults against law enforcement officers, robbery, organised criminal groups and recruitment, riot, affray 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

H. 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 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"/>
Position Held	<input type="text"/>		
Witness Name	<input type="text"/>	Date	<input type="text"/>
Witness Signature	<input type="text"/>	I confirm that I am 18 years of age or over, and have witnessed the signing of this application	

NOTE: The Club Executive Nomination/Update form and the supporting documentation, referenced in the FACT Sheet, should accompany this application.

