



NSW POLICE FORCE - FIREARMS REGISTRY

P559

Application for a Business, Club or Government Agency Firearms Licence

www.police.nsw.gov.au

ABN 43 408 613 180

Please use **BLACK PEN** and **CAPITAL LETTERS** to complete this form.

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

NSW Firearms Licence No. (if held)

- New Application
 New Category
 Reapplication
 Business
 Club
 Government Agency

A. BUSINESS, CLUB, GOVERNMENT AGENCY DETAILS

Business Name

Trading Name

Mobile Phone Business No

Email Address

B. BUSINESS ADDRESS

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

Unit No PO Box No Property Name

Street No Street Name

Suburb State Postcode

D. NOMINATED LICENCE HOLDER DETAILS

Last Name

Given Names

Street No Street Name

Suburb State Postcode

Date of Birth Male Female NSW Drivers Licence No.

Mobile Phone Home Phone No

E. FIREARMS SAFETY TRAINING - NOMINATED LICENCE HOLDER

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

F. LICENCE TERM - Please mark appropriate box(s) with an X

2 YEAR LICENCE \$100.00
 OR
 5 YEAR LICENCE \$200.00

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

Please note this section **MUST** be filled out even if the business does not currently own 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.**

Any firearms registered to the business will be kept at the following address

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Unit No Property Name

Street No Street Name

Suburb State Postcode

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- c) Been, or are presently, subject to a firearms/weapons prohibition order, other than an order that has been revoked?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 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 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 \$

MasterCard

Visa

CARD Number Expiry Date /

Cardholder Name (PLEASE PRINT)

Cardholder Signature Date

OFFICE USE ONLY

Receipt No. Amount \$ Date

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