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ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY

Business Application P559 attachment Director, Close Associate or Employee

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.

Indicate whether each person nominated is a director, close associate or employee of the business.

Directors, close associates and employees are not authorised to possess or use, or have access, to firearms unless they also hold a firearms licence of the appropriate category.

Each person nominated as a director, close associate or employee must sign in the relevant area.

The Business Licence Holder/Applicant must also sign to confirm each person nominated is a director, close associate or employee of the business.

A. BUSINESS DETAILS

Business Name	<input type="text"/>	Licence Number	<input type="text"/>
Trading Name	<input type="text"/>		
Business Address	<input type="text"/>		
Postal Address	<input type="text"/>		
Business Hours Phone Number	<input type="text"/>	Business FAX No	<input type="text"/>
Email Address	<input type="text"/>		

B. CLOSE ASSOCIATE/DIRECTOR/EMPLOYEE DETAILS

NSW Firearms Licence No. (if held)

Mark the appropriate box Director Close Associate Employee

Last Name Given Name

Residential Address

Suburb State Postcode

Date of Birth Male Female Drivers Licence No

Mobile Phone Phone FAX

Email Address

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

- I certify that all the information supplied above 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

Business Licence Holder Signature Date



**C. CLOSE ASSOCIATE/DIRECTOR/EMPLOYEE DETAILS**

NSW Firearms Licence No. (if held)

Mark the appropriate box Director Close Associate Employee

Last Name Given Name

Residential Address

Suburb State Postcode

Date of Birth Male Female Drivers Licence No

Mobile Phone Phone FAX

Email Address

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

- I certify that all the information supplied above 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

Business Licence Holder Signature Date

D. CLOSE ASSOCIATE/DIRECTOR/EMPLOYEE DETAILS

NSW Firearms Licence No. (if held)

Mark the appropriate box Director Close Associate Employee

Last Name Given Name

Residential Address

Suburb State Postcode

Date of Birth Male Female Drivers Licence No

Mobile Phone Phone FAX

Email Address

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

- I certify that all the information supplied above is true and correct in every detail.
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Applicants Signature Date

Business Licence Holder Signature Date

IF MORE THAN THREE PERSONS TO LIST - USE ADDITIONAL FORMS