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ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY P643

Application for a Club Armourer Licence

Please use **BLACK PEN** and **CAPITAL LETTERS** to complete this form. Failure to complete all sections of this form 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 Club Armourers Licence Number (re-application)

A. CLUB DETAILS

Club Approval Number

Club Name

B. NOMINATED LICENCE HOLDER - 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)

C. 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. BUSINESS ADDRESS - The address from which the Armourer will operate

An armourer may operate only at the address nominated in the licence application. Please indicate below where you intend to conduct your activities. Mark the appropriate box with an 'X' and insert the address details.

THIS ADDRESS MUST ALSO BE THE SAFEKEEPING ADDRESS FOR THE FIREARMS.

Club Address
 Residential Address Section C above
 Other - specify
 Unit No Street No Street Name
 Suburb State Postcode

Your safekeeping arrangements will need to be inspected by local Police and the inspection certificate attached. **Insert Inspection Certificate number here.**

F. FIREARMS TYPES - These are limited to to the categories the Club has been approved for

A
 B
 C
 D
 H



G. FIREARMS SAFETY TRAINING

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

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 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. FEES - Club Armourer licence fee = \$100.00

Payment must accompany this application. Please complete Section K, or send a money order or cheque.

K. CREDIT CARD AUTHORITY Please debit my credit card for **\$100.00** MasterCard Visa

CARD Number Expiry Date /

Cardholder Name (PLEASE PRINT)

Cardholder Signature Date

OFFICE USE ONLY

Receipt No. Amount **\$100.00** Date

