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ABN 43 408 613 180

# NSW POLICE FORCE - FIREARMS REGISTRY P649

## Application for a Firearms Dealer - Theatrical 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 Theatrical Armourer Licence/Permit Number (re-application)

### A. THEATRICAL ARMOURER DETAILS

Business Name   
 Trading Name   
 Mobile Phone  Business No   
 Email Address  ABN/ACN Number

### B. BUSINESS ADDRESS - This will be noted as the safekeeping address for all firearms

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

PO Box No  Unit Street No  /  Street Name   
 Suburb  State  Postcode

### D. NOMINATED LICENCE HOLDER DETAILS

Last Name   
 Given Names   
 Date of Birth  DD  MM  YYYY    
 Male  Female     
 NSW Drivers Licence No.   
 Mobile Phone  Home Phone No

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

### E. POSTAL ADDRESS - If the same as your business address please mark this box with an X

PO Box No  Unit Street No  /  Street Name   
 Suburb  State  Postcode

### F. FIREARMS SAFETY TRAINING - NOMINATED LICENCE HOLDER

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



**G. FIREARMS TYPES - Mark the relevant boxes with an 'X' to indicate the type of firearms in which you wish to trade.**

A  B  C  D  H  Prohibited Firearms

IF YOU ARE REQUESTING PROHIBITED FIREARMS YOU WILL NEED TO SUPPLY SUPPORTING DOCUMENTATION AS EVIDENCE OF YOUR NEED TO TRADE IN THIS TYPE OF FIREARM. INDICATE BELOW THE PROHIBITED FIREARMS IN WHICH YOU WISH TO TRADE. SEE ACCOMPANYING SCHEDULE 1 PROHIBITED FIREARMS FOR DESCRIPTIONS.

1  2  3  4  5  6  7  8  9  
 10  11  12  13  14  15  16  18

**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. CREDIT CARD AUTHORITY** Please debit my credit card for **\$500.00** MasterCard  Visa

CARD Number     Expiry Date  /

Cardholder Name (PLEASE PRINT)

Cardholder Signature  Date

**OFFICE USE ONLY**

Receipt No.  Amount **\$500.00** Date

