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www.police.nsw.gov.au

ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY P566

Firearms Dealer Licence Close Associates

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.

Close associates of a firearms dealer business are described in 4B of the *Firearms Act 1996*.

Close associates are not authorised to possess or use or have access to firearms unless they also hold an "Employee Authority" issued by the Firearms Registry.

Each person nominated as a close associate must sign in the relevant area.

The Firearms Dealer Licence Holder/Applicant must also sign to confirm each person nominated is a close associate of the business.

A. BUSINESS DETAILS

Licence Holder Name	<input type="text"/>	Licence Number	<input type="text"/>
Trading Name	<input type="text"/>		
Business Address	<input type="text"/>		

B. CLOSE ASSOCIATE DETAILS

NSW Firearms Licence No. (if held)

Last Name	<input type="text"/>	<input type="text"/>
Given Name	<input type="text"/>	
Residential Address	<input type="text"/>	
Suburb	<input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
Date of Birth	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Male <input type="checkbox"/> Female <input type="checkbox"/> Drivers Licence No <input type="text"/>
Mobile Phone	<input type="text"/>	Phone <input type="text"/> FAX <input type="text"/>
Email Address	<input type="text"/>	

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	<input type="text"/>	Date	<input type="text"/>
Dealer Licence Holder Signature	<input type="text"/>	Date	<input type="text"/>

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**C. CLOSE ASSOCIATE DETAILS**

NSW Firearms Licence No. (if held)

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 Dealer Licence Holder Signature Date **D. CLOSE ASSOCIATE DETAILS**

NSW Firearms Licence No. (if held)

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 Dealer Licence Holder Signature Date 