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ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY P644

Application for a Firearms Safety Training Instructor (Longarms)

USE CAPITAL LETTERS AND BLACK PEN TO COMPLETE THIS APPLICATION. WHEN COMPLETED, RETURN THE FORM TO NSW FIREARMS REGISTRY, LOCKED BAG 1, MURWILLUMBAH NSW 2484.

This application form relates to those persons wishing to conduct firearms safety training for longarms in accordance with the approved Firearms Licence Qualification Course or any other approved course.

Applicants must hold a current (longarm) firearms licence and have held this for a minimum of three years and indicate on this form which approved course they intend to conduct.

Only registered non-prohibited firearms as authorised by the Category of licence held can be used for training purposes.

A. 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)

B. RESIDENTIAL ADDRESS

Unit No Property Name

Street No Street Name

Suburb State Postcode

C. POSTAL ADDRESS - If the same as your residential address please mark this box with an X

Unit No PO Box No Property Name

Street No Street Name

Suburb State Postcode

D. FIREARMS LICENCE DETAILS

Please insert your current firearms licence number, the number of years you have held a NSW firearms licence and the category of licence.

NSW Firearms Licence No Number of Years Held

Category A Category B Category C Category D



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- c) Been, or are presently, subject to a firearms/weapons prohibition order, other than an order that has been revoked?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

F. CLUB/ASSOCIATION AFFILIATION -To be completed if nominated by an approved Club/Association

I confirm that the applicant is a current member of the approved club/association identified below and nominate the applicant to conduct firearms safety training in accordance with the approved Firearms Licence Qualification Course or any other approved course on behalf of the club/association.

| | | | |
|-------------------------------|----------------------|---------------------------|----------------------|
| Club/Assoc Name | <input type="text"/> | | |
| Club/Assoc Approval No | <input type="text"/> | Applicant's Membership No | <input type="text"/> |
| Club/Assoc Official Name | <input type="text"/> | Position Held | <input type="text"/> |
| Club/Assoc Official Signature | <input type="text"/> | Date | <input type="text"/> |

OR

G. OTHER ORGANISATION - To be completed if applicant is nominated by an approved organisation

I confirm that the applicant is appointed by the organisation identified below and nominate the applicant to conduct firearms safety training in accordance with the approved Firearms Licence Qualification Course or any other approved course on behalf of the organisation.

| | | | |
|----------------------|----------------------|------|----------------------|
| Organisation Name | <input type="text"/> | | |
| Official's Signature | <input type="text"/> | Date | <input type="text"/> |

Mark with an 'X' to indicate the approved course you are delivering.

- SSAA of Australia (NSW) Safe Shooting Course.
- Firearms Licence Qualification Course.
- Firearms Safety & Training Council Ltd Firearms Safety Training Course (NSW). For persons **nominated by FSTC only.**

H. 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 | <input type="text"/> | Date | <input type="text"/> |
| Witness Name | <input type="text"/> | Date | <input type="text"/> |
| Witness Signature | <input type="text"/> | I confirm that I am 18 years of age or over, and have witnessed the signing of this application | |

