

Application for an Employee Authority for a Primary Producer

ABN 43 408 613 180

This form is for employees of a primary producer who are required, as part of their employment duties, to possess and use Category C type firearms registered to their employer.

This is an interactive form. Please complete all sections, print the form, have your employer complete Section F, sign the Declaration in Section G and submit with any supporting documentation to the **Firearms Registry, Locked Bag 5102, Parramatta NSW 2124.**

Failure to complete all sections of this form and provide the required supporting documentation may result in delay or refusal of your application.

THIS APPLICATION IS FOR A - Please select appropriate box

<input type="checkbox"/> New Application	<input type="checkbox"/> Reapplication	Existing Employee Authority Number (if held)	<input type="text"/>
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A. APPLICANT DETAILS

Last Name	<input type="text"/>	Given Names	<input type="text"/>
Date of Birth	<input type="text"/>	Gender	<input type="text"/>
		NSW Drivers Licence No.	<input type="text"/>
		Day Time Phone No	<input type="text"/>
Mobile Phone Number	<input type="text"/>	Email Address	<input type="text"/>

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

B. RESIDENTIAL ADDRESS

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

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D. PERSONAL HISTORY - You MUST complete this section - select one box for each question

	YES/NO
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?	<input type="checkbox"/>
b) Been recorded as a registrable person or corresponding registrable person under the <i>Child Protection (Offenders Registration) Act 2000</i> ?	<input type="checkbox"/>
c) Been subject to a firearm/weapons prohibition order?	<input type="checkbox"/>
d) 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?	<input type="checkbox"/>
e) Within the last 10 years, been convicted of an offence involving firearms or weapons, prohibited drugs/plants/, prescribed restricted substances, fraud/dishonesty/stealing, terrorism, violence, assaults against law enforcement officers, robbery, organised criminal groups and recruitment, riot, affray or an offence of a sexual nature or are you presently subject to a good behaviour bond in relation to one of these offences?	<input type="checkbox"/>
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, or presently subject to an Interim Apprehended Violence Order?	<input type="checkbox"/>

IF YOU ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS AS AN ATTACHMENT



E. FIREARMS SAFETY TRAINING - to be completed by the applicant

The applicant must have completed firearms safety training for longarms, or have previously held a licence for longarms or held an Employee Authority in NSW.

<input type="checkbox"/>	Firearms Licence Qualification Certificate(s) or other approved course certification attached	OR	NSW Firearms Licence or Previous Authority Number	<input type="text"/>
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F. EMPLOYER DETAILS & DECLARATION - To be completed by the primary producer employing the applicant

Licence Number	<input type="text"/>	Licence Category & Genuine Reason	<input type="text"/>	Expiry Date of Licence	<input type="text"/>
Employer Name	<input type="text"/>				
Employer Address	<input type="text"/>				
Postal Address	<input type="text"/>				

I certify that the applicant is currently employed & commenced employment on: Date

I certify that the applicant is required to possess and use Category C type firearms registered to me in the course of their employment.

Employers Signature	<input type="text"/>	Date	<input type="text"/>
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G. DECLARATION - to be completed and signed by the Applicant

- 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 authorise the release of my personal information to any third party the Commissioner deems appropriate and for the purposes of any relevant Authority verifying the details of this application.*
- 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>I confirm that I am 18 years of age or over, and have witnessed the signing of this application.</i>	

NO FEE - Primary production employees are fee exempt for this Authority.

