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ABN 43 408 613 180

# NSW POLICE FORCE - FIREARMS REGISTRY P560

## First Time Application for a Firearms Dealer Licence

**THIS APPLICATION FORM IS FOR A FIRST TIME FIREARMS DEALER LICENCE APPLICATION**

### A. BUSINESS DETAILS

Dealer Name or Business Name			
Trading Name			
Mobile Phone	Business Phone No	ABN	
Email Address	ACN (if applicable)		

### 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

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

### D. NOMINATED PERSON DETAILS - this is the person responsible for the business .

**NOTE:** If this application is for a corporation, the nominated person must also make application for an Employee Authority to be authorised to possess firearms registered to the business.

Last Name			
Given Names			
Date of Birth	DD	MM	YYYY
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
NSW Drivers Licence No.			
Home Phone No			
Mobile Phone			

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

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

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

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

<input type="checkbox"/> Firearms Licence Qualification Certificate(s) or other approved course certification attached	OR	Previous NSW Firearms Licence number	
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**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

☐ **Imitation Firearms** If you wish to be authorised for imitation firearms, please enter the reason below.

**PROHIBITED FIREARMS**

If you wish to be authorised for prohibited firearms, you must complete the relevant section on the 'Firearms Dealer Licence Application Checklist' included with this application and substantiate your need to trade in these types of firearms.

**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) Been recorded as a registrable person or corresponding registrable person under the *Child Protection (Offenders Registration) Act 2000*? YES ☐ NO ☐
- c) Been subject to a firearms/weapons prohibition order? YES ☐ NO ☐
- 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? YES ☐ NO ☐
- 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 those offences? 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, or presently subject to an Interim Apprehended Violence Order? 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 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

Date

**CREDIT CARD PAYMENT** - Please debit my Credit Card for the amount of **\$500** MasterCard ☐ Visa Card ☐

Card Number      Expiry Date Month  Year

Cardholder Name

Cardholder Signature  Date

**OFFICE USE ONLY**

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