

FIREARMS REGISTRY



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Statement of Employment

This form is to be completed by the Approved Master Licensee to confirm the applicant is currently employed as an Armed Security Guard. The Approved Master Licensee must verify they intend for the applicant's employment to continue for the term of the licence. Alternatively, a letter may be provided on company letterhead including the following information provided below.

BUSINESS DETAILS

Business Name:

Business Firearms Licence Number:

Security Master Licence Number:

APPLICANT DETAILS

Applicant Name:

Position Title:

Date of Employment:

DECLARATION:

As the Approved Master Licensee, I intend to continue the employment of the applicant for the term of the licence.

Signature of Approved
Master Licensee:

Date:

Where can I find more information?

The information provided in the fact sheet is for general guidance only. Applicants and licensees should familiarise themselves with the Firearms Act 1996 and the associated Regulation, which are available on the NSW Legislation website – www.legislation.nsw.gov.au

Mailing: Locked Bag 5102, Parramatta NSW 2124

Tel: 1300 362 562

Interstate: 02 6670 8590

Website: www.police.nsw.gov.au/firearms

Contact us: <https://portal.police.nsw.gov.au/s/online-firearm-applications>

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