



# NSW POLICE FORCE - FIREARMS REGISTRY P641



## Application for Approval of a Target Shooting, Hunting, Pistol or Collecting Club

ABN 43 408 613 180

This form is interactive and is used for an application for a club approval. The form can be completed electronically and printed and signed prior to returning to the **Firearms Registry, Locked Bag 5102, Parramatta NSW 2124.**

### A. CLUB DETAILS

Club Name	<input type="text"/>	Date of Establishment of the Club	<input type="text"/>
Corporation Name (if applicable)	<input type="text"/>		
Club Address	<input type="text"/>		
Postal Address	<input type="text"/>		
Email Address	<input type="text"/>	Business Phone No	<input type="text"/>

### B. CLUB TYPE

Please select from the options below the type of club and the category of firearms for which you are seeking approval

<input type="checkbox"/> Target Shooting	<input type="checkbox"/> Category A	<input type="checkbox"/> Category B	<input type="checkbox"/> Category C
<input type="checkbox"/> Hunting	<input type="checkbox"/> Category A	<input type="checkbox"/> Category B	
<input type="checkbox"/> Pistol	<input type="checkbox"/> Category H		
<input type="checkbox"/> Collecting	<input type="checkbox"/> Category A	<input type="checkbox"/> Category B	<input type="checkbox"/> Category C
		<input type="checkbox"/> Category D	<input type="checkbox"/> Category H

### C. NOMINATED PERSON

Name	<input type="text"/>	Position	<input type="text"/>
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If you have been known by another name, please provide details below (Last Name, Given Names)

Residential Address	<input type="text"/>		
Date of Birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Firearms Lic No	<input type="text"/>
		ID No	<input type="text"/>
Email Address	<input type="text"/>	Contact Phone No	<input type="text"/>

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

### E. RANGE DETAILS

Does the club operate, or have access to an approved shooting range? ☐ YES - Complete the address below ☐ NO- Go to Section F

Range Approval Number	<input type="text"/>	Range Name	<input type="text"/>
Range Address	<input type="text"/>		





## F. INSURANCE DETAILS - Provide a copy of the current insurance certificate

Insurance Company Name	<input type="text"/>		
Type of Policy	<input type="text"/>	Policy Number	<input type="text"/>
Sum of Liability	<input type="text"/>	Expiry Date of Policy	<input type="text"/>

## G. AFFILIATED ASSOCIATION- attach a copy of the letter of recommendation from the association

Association Name	<input type="text"/>
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## 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| b) Been recorded as a registrable person or corresponding registrable person under the <i>Child Protection (Offenders Registration) Act 2000</i> ?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c) Been subject to a firearms/weapons prohibition order?  | YES <input type="checkbox"/> | NO <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?  | YES <input type="checkbox"/> | NO <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 those offences? | YES <input type="checkbox"/> | NO <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?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**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	<input type="text"/>	Date	<input type="text"/>
Position Held	<input type="text"/>		

**The Club Executive Nomination/Update P 642 form and the supporting documentation, referenced in the FACT Sheet, should accompany this application.**

