



# **NSW POLICE FORCE - FIREARMS REGISTRY**

Exemption Notification - Posted Outside NSW (ADF, Police and Public Servants)

# PLEASE READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS FORM

A NSW firearms licence holder who is a member of the Australian Defence Force, a State or Commonwealth police officer or is employed in the Public Service, Teaching Service, NSW Health Service or NSW Police Service and is posted to a position outside NSW or required to reside outside NSW as a condition of employment, is exempt from the participation requirements for club members. In addition, a licence held by the person cannot be revoked merely because the person is not a resident of NSW. The above exemption applies only under if the person notifies the Firearms Registry in writing within 30 days after ceasing to be a resident of NSW. Completion of this form satisfies the notification requirement in accordance with clause 124 of the *Firearms Regulation 2017*.

#### See the Exemption Notification - Posted Outside NSW (ADF, Police and Public Servants) fact sheet for further details.

This is an **interactive** form, please download/save this form to your computer/device, complete the form electronically, save and send via email or print and send via mail. The form and any supporting documentation can be submitted by:

**Email:** firearms@police.nsw.gov.au, or **Mail:** Firearms Registry, Locked Bag 5102, Parramatta NSW 2124

PERSONAL DETAILS	
NSW Firearms Licence No.	
Surname	Given Names
Date of Birth	Email Address
Daytime Contact No	Mobile Phone
Residential Address Interstate	
Mailing Address	

### **EMPLOYER CONFIRMATION** - To be completed by a designated official of the relevant Government Agency

must be included if you are providing a separate attachment.

Manager/Supervisor		
Govt Agency		
Business Address		
Contact Phone	Email Address	
I confirm the person named in this notification is being deployed outside NSW <b>or</b> is being posted to a position outside NSW <b>or</b> is required to reside outside NSW as a condition of their employment		
Period of Deployment	Start Date	
Employer's Signature	Date	
$\square$ Please tick this box if the Employer Confirmation is being provided as a separate attachment. Note, all of the above details		

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# **REGISTERED FIREARMS**

Please select one of the options below to indicate where your firearms will be stored.

I do not own any firearms.All firearms will be stored at the below address

(Note: Clause 28B of the Firearms Regulation 2017 requires the following:

A licence holder may only store a firearm in an inhabited dwelling or in a dwelling where the licence holder, or someone on their behalf, can easily observe the premises where the firearm is stored. An inhabited dwelling is a person's principal place of residence, where the licence holder may or may not also live, or where a person lives while the firearm is stored there.

If a person stores their firearms in a place other than an inhabited dwelling, they can do so provided the following safe storage requirements are met or exceeded:

All firearms must be -

- stored in a safe of an approved type, and
- fitted with a trigger or barrel lock that prevents the firearm from being discharged, and
- secured individually on, or in, a locked device within the safe.

The safe must be fitted with an alarm of an approved type that is monitored off-site.

The premises on which the firearm is stored must have an intruder alarm and duress facilities that are monitored offsite and are of an approved type.

I confirm the safe keeping address complies with clause 28B of the Firearms Regulation 2017, as noted above.

### 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 and I certify that all the information contained in this notification 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 notification.
- 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 notification is true and correct.

Signature

Date