



NSW POLICE FORCE - FIREARMS REGISTRY P560

Firearms Dealer Licence Renewal Application

ABN 43 408 613 180

Renewal Application

Existing NSW Firearms Dealer Licence No

A. BUSINESS DETAILS

Dealer / 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

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 Female NSW Drivers Licence No.

Mobile Phone Home Phone No

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

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

PO Box No Unit Street No / Street Name

Suburb State Postcode

F. SAFE KEEPING INSPECTION

EVENT NUMBER

You must have your firearms safe storage facilities inspected by police as part of your re-application. Please enter the safe storage inspection Event number provided by police here.





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

PROHIBITED FIREARMS

If you are requesting to be authorised for prohibited firearms, you will need to supply supporting documentation as evidence of your trade in these types of firearms. Indicate below the prohibited firearms you require for your business using the accompanying 'Schedule 1 Prohibited Firearms' FACT Sheet for full descriptions.

You will not be authorised for the selected prohibited firearms unless you provide evidence of trade or future trade.

1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 18

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

