

FIREARMS REGISTRY



OFFICIAL INFORMATION ON RENEWING A FIREARMS DEALER LICENCE

This fact sheet provides information for dealers renewing their firearm licence.

Completing your Firearm Licence Renewal

You must provide the following documentation with your renewal application:

- A completed P560 Firearms Dealer Licence Renewal form
- A completed P566 Close Associates form
- A completed Dealer Renewal Current Employees form
- A completed Business Declaration form
- A recent Safe Storage Inspection Police Event Number
- A copy of Public Liability Insurance **for retail premises only**
- If your dealership is a corporation, a completed P565 Employee Authority application form for nominated person

It is important you submit your renewal prior to the expiry of your current licence to allow the authority of your licence to continue while your renewal is being processed.

If your licence expires prior to you lodging your renewal application, you will no longer be authorised to possess and use firearms. If you have firearms registered to your licence, police will be advised to seize any firearms in your possession.

What if my dealership is a corporation?

If your dealership is a corporation, the firearms licence will be issued to the corporation. As the corporation will be the licence holder, the nominated person, who is responsible for running the business, must be issued with an employee authority. The employee authority authorises the nominated person to possess firearms belonging to the business.

What requirements must be met for employees?

The authority of a firearms dealer extends to employees and directors of the business or corporation, **ONLY** if they are authorised by an 'Employee Authority' issued by the Firearms Registry.

Each employee or director who has access to or participates in the activities authorised by the dealer firearms licence, including the sale or handling of firearms or firearm parts, must hold a current Employee Authority.

What is a Close Associate?

Close Associates are defined in Section 4B of the *Firearms Act 1996*, as persons who hold or will hold a relevant financial interest or any relevant position in the business or who is or will be entitled to exercise any relevant power in the business. Details of all close associates must be provided on the P566 Close Associates form.

Additional information on legislative and reporting requirements for dealers can be found at

https://www.police.nsw.gov.au/online_services/firearms/firearms_dealers_theatrical_armourers_and_club_armourers/further_information

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>



www.police.nsw.gov.au

ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY P560

Re-Application for a Firearms Dealer Licence

Reapplication

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

NSW POLICE FORCE - FIREARMS REGISTRY P566

Notification of Close Associates of a Firearms Dealer

ABN 43 408 613 180

This form is used for notifying **close associates** on a new application for a firearms dealer licence, or a change of close associates on an existing firearms dealer licence. Any change of close associates on an existing firearms dealer licence must be notified within 7 days as prescribed by section 44(2) of the *Firearms Act 1996*.

This form must be completed and signed by the nominated person on the application or the nominated person on an existing licence and must be signed by each close associate.

Close associates of a firearms dealer business are defined in 4B of the *Firearms Act 1996* as any person who holds or will hold any financial interest, or is or will be entitled to exercise any relevant power (either independently or on behalf of another person) or a person who holds any relevant position in the dealership (see *FACT Sheet 'Instructions for Completing a Firearms Dealer Licence Application'* for further information).

Close associates are not authorised to possess or use or have access to firearms unless they also hold an "Employee Authority" issued by the Firearms Registry.

New Licence Application Existing Firearms Dealer Licence Licence Number

DEALER BUSINESS DETAILS

Business Name

Trading Name

Nominated Person Email Contact

1. CLOSE ASSOCIATE DETAILS

NSW Firearms Licence
Number (if held)

Full Name

Residential Address

Date of Birth Male Female Drivers Licence Number

Mobile Phone Home Phone

Email Address

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

Please mark the applicable box and describe the nature of the association of the above person with the dealership.

Relevant Financial Interest Relevant Position Relevant Power

DECLARATION - to be signed by both the nominated person for the dealership and the close associate

- *I understand it is an offence to provide false and misleading information in relation to this declaration and I certify that all the information supplied above is true and correct in every detail.*
- *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.*
- *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.*

Close Associate Signature Date

Dealer Nominated Person Signature Date

2. CLOSE ASSOCIATE DETAILS

NSW Firearms Licence
Number (if held)

Full Name	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	
Date of Birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Drivers Licence Number <input type="text"/>
Mobile Phone	<input type="text"/>	Home Phone <input type="text"/>
Email Address	<input type="text"/>	

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

Please mark the applicable box and describe the nature of the association of the above person with the dealership.

Relevant Financial Interest Relevant Position Relevant Power

DECLARATION - to be signed by both the nominated person for the dealership and the close associate

- *I understand it is an offence to provide false and misleading information in relation to this declaration and I certify that all the information supplied above is true and correct in every detail.*
- *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.*
- *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.*

Close Associate Signature	<input type="text"/>	Date	<input type="text"/>
Dealer Nominated Person Signature	<input type="text"/>	Date	<input type="text"/>

3. CLOSE ASSOCIATE DETAILS

NSW Firearms Licence
Number (if held)

Full Name	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	
Date of Birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Drivers Licence Number <input type="text"/>
Mobile Phone	<input type="text"/>	Home Phone <input type="text"/>
Email Address	<input type="text"/>	

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

Please mark the applicable box and describe the nature of the association of the above person with the dealership.

Relevant Financial Interest Relevant Position Relevant Power

DECLARATION - to be signed by both the nominated person for the dealership and the close associate

- *I understand it is an offence to provide false and misleading information in relation to this declaration and I certify that all the information supplied above is true and correct in every detail.*
- *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.*
- *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.*

Close Associate Signature	<input type="text"/>	Date	<input type="text"/>
---------------------------	----------------------	------	----------------------



www.police.nsw.gov.au

ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY

Dealer Renewal - Current Employees Form

Please provide the information required below regarding persons currently employed by your business and who require renewal of their employee authority or for new employees.

Please enter the firearms licence number if the employee holds a current firearms licence.

Please enter the employee authority number if the employee holds a current employee authority.

DEALER NAME

LICENCE No

NAME & DATE OF BIRTH

POSITION

**LICENCE OR
AUTHORITY NUMBER**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

DEALER SIGNATURE

DATE

Application for an Employee Authority for a Firearms Dealer

ABN 43 408 613 180

This form is for employees of a firearms dealer and authorises possession only of firearms while employed by the firearms dealer specified on this application and only in connection with those employment activities.

This is an interactive form. Please complete all sections, print the form, have your employer complete Section F, sign the Declaration in Section G and submit with any supporting documentation to the **Firearms Registry, Locked Bag 5102, Parramatta NSW 2124.**

Failure to complete all sections of this form and provide the required supporting documentation may result in delay or refusal of your application.

THIS APPLICATION IS FOR A - Please select appropriate box

New Application Reapplication Existing Employee Authority Number (if held)

A. APPLICANT DETAILS

Last Name Given Names
Date of Birth Gender NSW Drivers Licence No. Day Time Phone No
Mobile Phone Number Email Address

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

B. RESIDENTIAL ADDRESS

C. POSTAL ADDRESS - If the same as your residential address please mark this box

D. PERSONAL HISTORY - You MUST complete this section - select 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*?

c) Been subject to a firearm/weapons prohibition order?

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?

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 these offences?

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?

IF YOU ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS AS AN ATTACHMENT

+

E. FIREARMS SAFETY TRAINING - to be completed by the applicant

If the employee is possessing both longarms and handguns as part of their employment duties, they must complete two approved firearms safety training courses, **one for longarms AND one for handguns**, unless they have previously completed these courses.

Certificate for approved firearms safety training course for longarms attached (*cross if not applicable*)

AND

Certificate for approved firearms safety training course for handguns attached (*cross if not applicable*)

OR

NSW Firearms Licence or Employee Authority Number

F. EMPLOYER DETAILS & DECLARATION - To be completed by the firearms dealer employing the applicant

Licence Number

Licence Expiry Date

Employer Name

Business Name

Business Address

I certify that the applicant is currently employed & commenced employment on: Date

I certify that the applicant **is not required to possess longarm firearms** in the course of their employment with the firearms dealership above.

I certify that the applicant **is not required to possess handguns** in the course of their employment with the firearms dealership above.

Employers Signature

Date

G. DECLARATION - to be completed and signed by the Applicant

- 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

H. FEES = \$25.00 Attach a cheque or money order for \$25.00, or complete the credit card authority below.

CREDIT CARD AUTHORITY

Please debit my credit card for **\$25.00**

Mastercard

Visa

CARD Number

Expiry Date

 /

Cardholder Name
(PLEASE PRINT)

Cardholder Signature

Date

OFFICE USE ONLY

Receipt No.

Amount **\$25.00**

Date