

# 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;	YES/NO
a) Been refused or prohibited from holding a firearms licence or permit or had a firearms licence or permit suspended, cancelled or revoked?	<input type="checkbox"/>
b) Been recorded as a registrable person or corresponding registrable person under the <i>Child Protection (Offenders Registration) Act 2000</i> ?	<input type="checkbox"/>
c) Been subject to a firearm/weapons prohibition order?	<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?	<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 these offences?	<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?	<input type="checkbox"/>

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 Please 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