

NSW POLICE FORCE - FIREARMS REGISTRY P643

Application for a Club Armourer Licence

ABN 43 408 613 180

This is an interactive form. Complete all the sections electronically, print and sign the Declaration. Post your application and any supporting documentation to Firearms Registry, Locked Bag 5102, Parramatta NSW 2124.

THIS APPLICATION IS FOR A - Please mark appropriate box with an 'X'

New Application Reapplication Existing NSW Club Armourers Licence Number (re-application)

A. CLUB DETAILS - The club for which you will be performing armourer duties

Club Name Club Approval Number

B. NOMINATED PERSON - PERSONAL AND CONTACT DETAILS

Last Name Given Names

Date of Birth Day Month Year Gender NSW Drivers Licence No.

Mobile Phone No Day Time Phone No Email Address

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

C. RESIDENTIAL ADDRESS

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

E. BUSINESS ADDRESS - The address from which the Armourer will operate

An armourer may operate only at the address nominated in the licence application. Please indicate below where you intend to conduct your activities. Mark the appropriate box with an 'X' and if you select 'Other' insert the address details.

THIS ADDRESS MUST ALSO BE THE SAFEKEEPING ADDRESS FOR THE FIREARMS.

Club Address Residential Address Section C above Other - specify below

Your safekeeping arrangements will need to be inspected by local police.

Insert the Safe Keeping Inspection Event number here.

F. FIREARMS TYPES - These are limited to to the categories for which the Club has been approved

A B C H

G. FIREARMS SAFETY TRAINING

Firearms Licence Qualification Certificate(s) or other approved course certification attached **OR** Previous or current NSW Firearms Licence number

H. 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?
- 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

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

J. FEES - Club Armourer licence fee = \$100.00

Payment must accompany this application. Please complete your credit card details below.

Please debit my for **\$ 100.00** Card Number

Cardholder Name Expiry Month Year

Cardholder Signature

OFFICE USE ONLY

Receipt No.

Amount

\$

Date