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NSW POLICE FORCE - FIREARMS REGISTRY P649

Application for a Firearms Dealer Theatrical Armourer Licence

ABN 43 408 613 180

This form is interactive. Please complete all sections, print and sign the form and send with supporting documentation to Firearms Registry, Locked Bag 5102, Parramatta NSW 2124.

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

<input type="checkbox"/> New Application	<input type="checkbox"/> Reapplication	Existing NSW Theatrical Armourer Licence/Permit Number (re-application)	<input type="text"/>
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A. THEATRICAL ARMOURER DETAILS

Business Name	<input type="text"/>		
Trading Name	<input type="text"/>		
Mobile Phone	<input type="text"/>	Business No	<input type="text"/>
Email Address	<input type="text"/>	ABN/ACN Number	<input type="text"/>

B. BUSINESS ADDRESS - This will be noted as the safekeeping address for all firearms

Unit No	<input type="text"/>	Property Name	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

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

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PO Box No	<input type="text"/>	Unit Street No	<input type="text"/>	/	Street Name	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	

D. NOMINATED PERSON DETAILS - This is the person responsible for the business

Last Name	<input type="text"/>								
Given Names	<input type="text"/>								
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	NSW Drivers Licence No.	<input type="text"/>
Mobile Phone	<input type="text"/>			Home Phone No	<input type="text"/>	<input type="text"/>	<input type="text"/>		

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

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PO Box No	<input type="text"/>	Unit Street No	<input type="text"/>	/	Street Name	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	

F. FIREARMS SAFETY TRAINING - NOMINATED PERSON

<input type="checkbox"/> Firearms Licence Qualification Certificate(s) or other approved course certification attached	OR	Previous NSW Firearms Licence number	<input type="text"/>
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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 or future 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) Are you currently subject to a Good Behaviour Bond for an offence referred to in question e) or an Interim Apprehended Violence Order? YES ☐ NO ☐
- c) Been, or are presently, subject to a firearms/weapons prohibition order, other than an order that has been revoked? YES ☐ NO ☐
- d) Have you 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, fraud/dishonesty/stealing, prescribed restricted substances, terrorism, violence, robbery, organised criminal groups and recruitment, or an offence of a sexual nature? 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? 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 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. CREDIT CARD AUTHORITYPlease debit my credit card for **\$500.00**

MasterCard

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Visa

☐

CARD Number

Expiry Date

 /
Cardholder Name
(PLEASE PRINT)
Cardholder
Signature

Date

OFFICE USE ONLY

Receipt No.

Amount

 \$500.00

Date

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