



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					
Residential Address					
Date of Birth	DD	MM	YYYY	Male <input type="checkbox"/>	Female <input type="checkbox"/>
				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	

3. CLOSE ASSOCIATE DETAILS

NSW Firearms Licence
Number (if held)

Full Name					
Residential Address					
Date of Birth	DD	MM	YYYY	Male <input type="checkbox"/>	Female <input type="checkbox"/>
				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	
---------------------------	--	------	--