



# FIREARM PERMIT APPLICATION

ACT Firearms Act 1996 - Part 9 and 10

## 2. PERMIT DETAILS (continued)

**The applicant to complete.**

If there is insufficient space to complete a question, please provide additional details at the end of this application.

**All applicants to complete**

**Only complete Firearm 2 details if the display will contain a matched pair of firearms.**

**Applicants may only apply for a single firearm for a Permit to Acquire per application.**

**If you are applying for a category B, C, or H firearm of the same calibre to one you already possess, please provide additional details as to your genuine need.**

**If the firearm is a replica, please detail the colour instead of the calibre in the calibre field.**

**Complete details of the display must be provided including method of display, materials used for cabinets and location with in the premises.**

**2.6 FIREARM DISPLAY DETAILS (Only complete this part if your are applying for a display permit)**

If yes, what type of display are you applying for? Permanent  Temporary  Wall

How many firearms do you wish to display?

If you wish to display 2 firearms, are they a matched pair? Yes  No

How will you display the firearm(s)?

**2.7 FIREARM DETAILS (All applicants to complete this part)**

Have you ever been refused a firearm(s) permit? Yes  No

Have you ever had a firearm(s) permit cancelled or suspended? Yes  No

If you answered yes to either of the previous two questions, please provide the reason(s) why.

**2.8 Select the category of firearm(s) related to this permit?**

A   
  B   
  C   
  H   
  D

**Category D requires Ministerial approval**

**2.9 Does this permit relate to any prohibited firearms?** Yes  No

**2.10 Complete the following details in relation to this permit:**

**Firearm 1**

What is the Type/Action of the firearm?

What is the Make of the firearm?

What is the Model of the firearm?

What is the Calibre of the firearm?

Barrel Length

What is the Serial Number of the firearm?

**Firearm 2**

What is the Type/Action of the firearm?

What is the Make of the firearm?

What is the Model of the firearm?

What is the Calibre of the firearm?

Barrel Length

What is the Serial Number of the firearm?

## 2. PERMIT DETAILS (continued)

**The applicant to Complete.**

If there is insufficient space to complete a question, please provide additional details at the end of this application.

**2.11 PREVIOUS OWNER DETAILS** (Enter Dealer Details if purchased from a licence Firearms Dealer, than go to 2.13)

Previous owner's name?

Previous owner's firearm licence number?

Previous owner's address?

**2.12 DEALER DETAILS** (Dealer details to be used during acquisition, enter "As Above" if purchased from a Dealer)

Dealer's name?

Dealer's firearm licence number?

**2.13** What address (in the ACT) do you wish to nominate as the registered address to store your firearm(s) and/or ammunition?

Street Number

Street Name

Suburb

State  Post Code

## 3. PERSONAL HISTORY

**The applicant to Complete.**

This information is used to assess your suitability for a firearms licence.

If there is insufficient space to complete a question, please provide additional details at the end of this application.

**3.1** Do you have any physical and/or mental disability which may render you unfit to use or be in possession of a firearm? Yes  No

If yes, please provide details:

**3.2** Have you ever suffered or received treatment for any of the following:

Mental and or emotional illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Excessive alcohol consumption?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Illicit drug use or dependence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fits, blackouts or dizziness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Serious head injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other condition not previously mentioned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any of 3.2, please provide details:

**3.3** Have you in the last 10 years been convicted of an offence? Yes  No

If yes please provide details:

### 3. PERSONAL HISTORY (Continued)

**The applicant to Complete.**

This information is used to assess your suitability for a firearms licence.

If there is insufficient space to complete a question, please provide additional details at the end of this application.

**3.4** Have you in the last 10 years entered into a recognisance to keep the peace or to be of good behaviour? Yes  No

If yes please provide details:

**3.5** Are you an Australian citizen? Yes  No  If yes, go to 4.1

**3.6** If no, when did you arrive in Australia?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		mm		yyyy			

**3.7** What is your country of birth?

**3.8** Are you a permanent resident of Australia? Yes  No

**3.9** Are you in Australia on a Visa? Yes  No  If no, go to 3.14

**3.10** What type of Visa do you hold?

**3.11** What is the expiry date of your Visa?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		mm		yyyy			

**3.12** Have you ever been refused a Visa? Yes  No

If yes please provide details:

**3.13** Have you ever been refused entry into or deported from Australia? Yes  No

If yes please provide details:

**3.14** Do you have a passport? Yes  No  If no, go to 3.15

If yes, what is the passport number?

What is the country of issue?

**3.15** Do you have a firearms licence issued by another country? Yes  No  If no, go to 4.1

If yes, what is the firearms licence number?

What is the country of issue?





# FIREARM PERMIT APPLICATION

ACT Firearms Act 1996 - Part 9 and 10

## ACT Firearms Registry Use Only.

Receipt Number  Amount \$  Receipt Date   
dd mm yyyy

Date of Application   
dd mm yyyy

### ID Verification

ID Type ACT Firearms Licence  Drivers Licence  Passport   
Primary ID Number   
Secondary ID

### Permit Conditions

Signature of Approving Officer

APPROVED  NOT APPROVED

### Approval Date

dd mm yyyy

### Permit Issue Date

dd mm yyyy

Printed Name and Badge Number

### Permit Expiry Date

dd mm yyyy

### Permit Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

Permit / Permit to Acquire Number

### Permit Receiver

Signature of Receiver

Printed Name

Applicant

Agent

dd mm yyyy