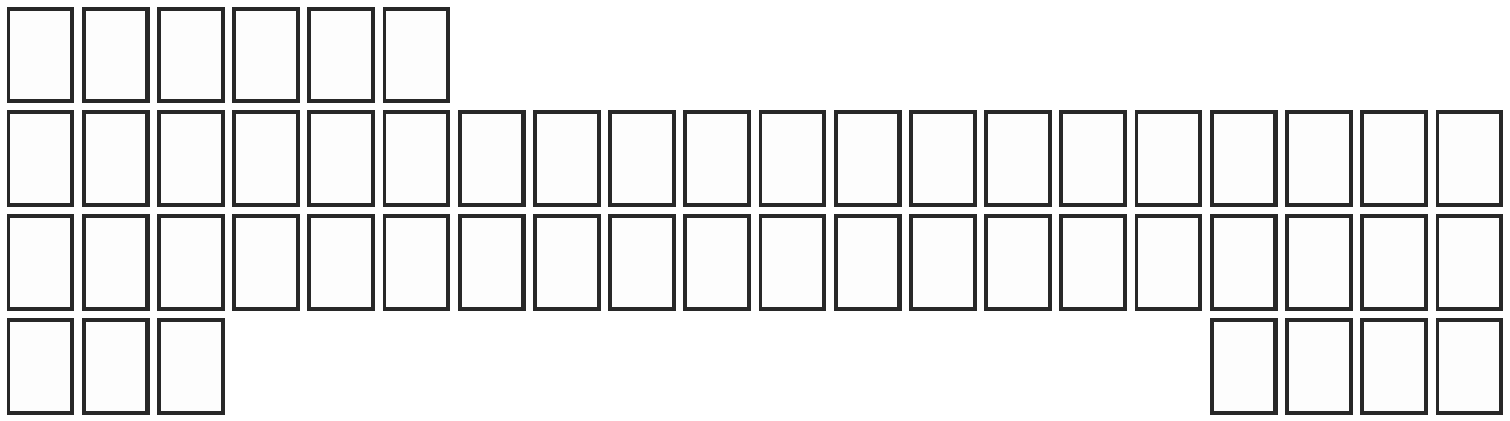
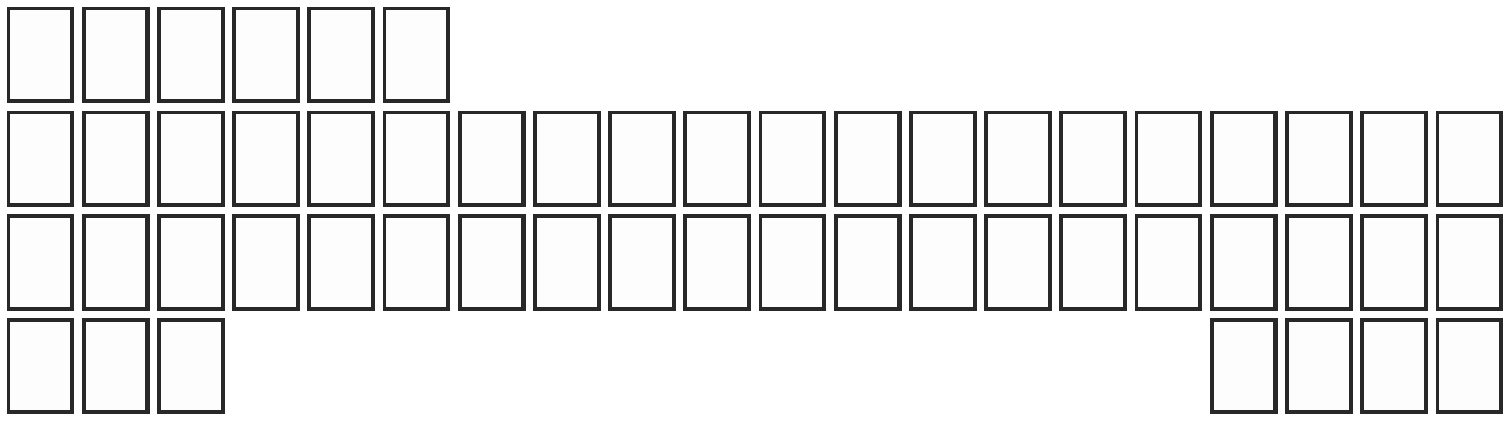
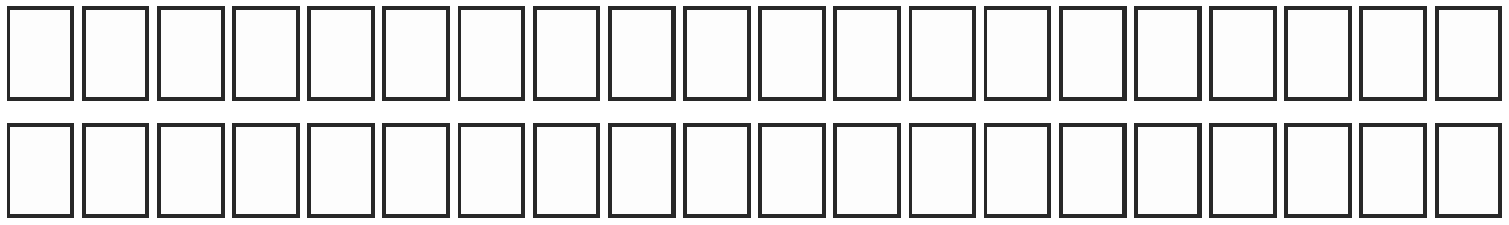
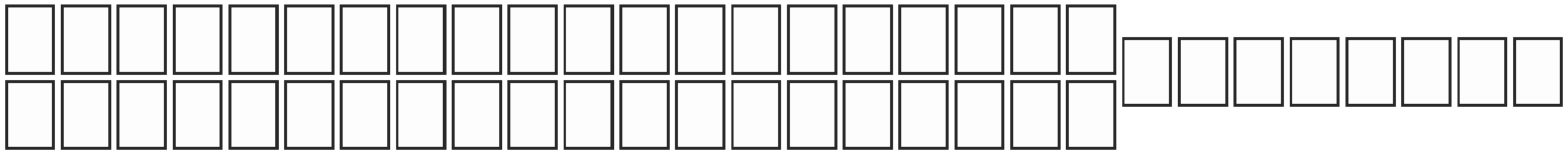
**PROHIBITED WEAPON/ ARTICLE PERMIT APPLICATION**



ACT Prohibited Weapons Act 1996 - Part 3

**ACT Firearms Registry**

**Use Only**

**Licence Number:**

You are required to provide 100 points of identity with your application for a new licence under this Act.

**1. APPLICANT DETAILS *Please Use BLOCK LETTERS in dark pen only.***

**The applicant to complete.**

**1.1 APPLICANT DETAILS**

Surname

Given Name(s)

Date of Birth

dd mm yyyy

**1.2** Have you been known by any other names?

If yes, please provide details:

Yes No

Previous Surname

Previous Given Name(s)

**1.3 RESIDENTIAL DETAILS**

Street Number

Street Name

Suburb

State

**1.4 POSTAL ADDRESS** (if different from above)

Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION**

You are required to provide 100 points of identity with your application for a

new licence under this Act.

**1. APPLICANT DETAILS *Please Use***

***BLOCK LETTERS in dark pen only.***

To be completed by The applicant for this Licence.

Family Name

Post Code

Street Number

Street Name

Suburb

State

Post Code

**1.5 CONTACT DETAILS**

Home Work

Mobile Fax

E-mail

**2. PERMIT DETAILS**

**The applicant to complete.**

**2.1** Do you hold a current ACT firearms licence or permit?

If yes, what is your ACT firearms licence or permit number?

Yes No

If no, go to 2.2

**2.2** What is your reason for requesting a prohibited weapon/article permit?

**2.3** What permission are you applying for?

Possession

Possession & Use

**2.4** Are you also applying to display the weapon/article? Yes No If no, go to 2.6

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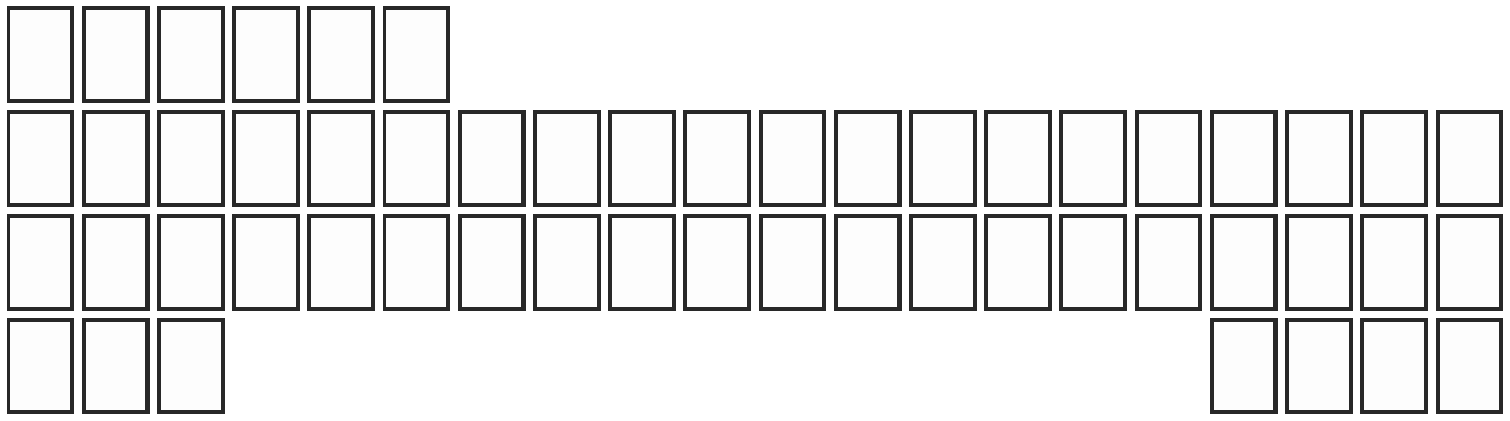


**2. PERMIT DETAILS (continued)**

**PROHIBITED WEAPON/ ARTICLE PERMIT APPLICATION**

ACT Prohibited Weapons Act 1996 - Part 3

**The applicant to complete.**



**2.5 WEAPON/ARTICLE DISPLAY DETAILS (Only complete this part if your are applying to display the weapon/article)**

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

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

**All applicants to**

What type of display are you applying for?

How many weapons/articles do you wish to display?

How will you display the weapon/article?

**2.6 PERMIT DETAILS (All applicants to complete this part)**

Permanent

Temporary

**complete** Have you ever been refused a prohibited weapon/article permit?

Yes No

Have you ever had a prohibited weapon/article permit cancelled or suspended?

Yes No

If you answered yes to any of 2.7, please provide the reason(s) why.

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

What is the Weapon/Article?

What is the Make of the Weapon/Article?

What is the Model of the Weapon/Article?

What is the Length of the Weapon/Article?

What is the Serial Number of the Weapon/Article?

(if Applicable)

How Many Weapon(s)/Article(s) do you wish to possess?

**2.8 PREVIOUS OWNER/SUPPLIER DETAILS New Acquisitions Only (Use supplier details if purchased from a supplier)**

Previous owner’s name?

Previous owner’s firearm licence number?

Previous owner’s address?

**2.9** What address (in the ACT) do you wish to nominate as the registered address to store your weapon/

article?

Street Number

Street Name

Suburb

State Post Code

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**PROHIBITED WEAPON/ ARTICLE PERMIT APPLICATION**

ACT Prohibited Weapons Act 1996 - Part 3

**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

**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? If yes, please provide details:

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

Yes No

end of this application.

Mental and or emotional illness?

Yes No

Excessive alcohol consumption?

Yes No

Illicit drug use or dependence?

Yes No

Fits, blackouts or dizziness? Serious head injuries?

Any other condition not previously mentioned?

Yes No

Yes No

Yes No

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?

If yes please provide details:

**3.4** Have you in the last 10 years entered into a recognisance to keep the peace or to be of good behaviour?

If yes please provide details:

Yes No

Yes No

**3.5** Are you an Australian citizen?

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

Yes No

dd mm yyyy

If yes, go to 4.1

**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?

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

Yes No If no, go to 3.14

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

dd mm yyyy

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

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**PROHIBITED WEAPON/ ARTICLE PERMIT APPLICATION**



ACT Prohibited Weapons Act 1996 - Part 3

**3. PERSONAL HISTORY (Continued)**

**The applicant to**

**Complete.**

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

If you answered yes for 3.12 please provide details:

If there is insufficient

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

**3.13** Have you ever been refused entry into or deported from Australia? If yes please provide details:

Yes No

**3.14** Do you have a passport?

If yes, what is the passport number?

What is the country of issue?

Yes No

If no, go to 3.15

**3.15** Do you have a firearms licence issued by another country?

If yes, what is the firearms licence number? What is the country of issue?

Yes No

If no, go to 4.1

**4. APPLICANT DECLARATION**

**The applicant to**

**complete.**

**4.1 APPLICANT DECLARATION**

DECLARATION

I declare that the answers I have given on this application are true and correct to the best of my knowledge.

I understand that it is an offence to deliberately make a false or misleading statement. I agree to abide by

the ACT Prohibited Weapons Act 1996. I also consent to Police making any enquiries necessary to assess this application.

Signature of person making the declaration

dd mm yyyy

**ADDITIONAL INFORMATION**

**.............................................................................................................................................................................**

**.............................................................................................................................................................................**

**.............................................................................................................................................................................**

**Upon completion of this form please submit it in person at the ACT Firearms Registry.**

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**PROHIBITED WEAPON/ ARTICLE PERMIT APPLICATION**



ACT Prohibited Weapons Act 1996 - Part 3

**ACT Firearms Registry Use Only.**

**Receipt Number**

**Date of Application**

**Amount $**

**Receipt**

**Date**

dd mm yyyy

dd mm yyyy

**ID Verification**

**Permit Conditions**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

Primary ID Number

Secondary ID

APPROVED

Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION**

You are required to provide 100 points of identity with your application for a

new licence under this Act.

**1. APPLICANT DETAILS *Please Use***

***BLOCK LETTERS in dark pen only.***

To be completed by The applicant for this Licence.

Family Name

NOT APPROVED

Signature of Approving Officer

**Approval Date**

**Permit Issue Date**

dd mm yyyy

Printed Name and Badge Number

dd mm yyyy

**Permit Expiry Date**

dd mm yyyy

**Permit Issuer**

Signature of Issuing Officer

**Permit Receiver**

Signature of Receiver

Printed Name and Badge Number

Printed Name

dd mm yyyy

Applicant

Agent

Permit Number

dd mm yyyy

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fax: 02 62567758

Email: [actfirearmsregistry@afp.gov.au](mailto:actfirearmsregistry@afp.gov.au)

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