



# FIREARM REGISTRATION APPLICATION

ACT Firearms Act 1996 - Part 11

ACT Firearms Registry  
Use Only  
Licence Number:

## APPLICANT DETAILS

Firearms licence number

Date of Birth

Surname

Given Name(s)

dd mm yyyy

## REGISTERED STORAGE ADDRESS

Street Number

Licence Category

Street Name

Suburb

State  Post Code

A B C H

Genuine Reason to possess/use a firearm?

## FIREARM DETAILS

Type

Action

Make

Magazine Capacity

Model

Serial number

Calibre/Common Name

Barrel Length (MM)

Firearm Category

A B C H

Previous firearm registration number

State of registration ACT  NSW  VIC  TAS  QLD  NT  SA  WA

## DEALER DETAILS (If required)

Firearms licence number

Business Name

## 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 Firearms Act 1996. I also consent to Police making any enquiries necessary to assess this application.

Signature of person making the declaration

dd mm yyyy



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## 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

### Registration Conditions

### Current Registration

ACT  NSW  VIC  TAS  QLD  NT  SA  WA

Registration Number

Signature of Approving Officer

Printed Name and Badge Number

APPROVED  NOT APPROVED

### APPROVAL DATE

dd mm yyyy

### Registration Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

### Registration Receiver

Signature of Receiver

Printed Name

Applicant  Agent

dd mm yyyy