**CATEGORY D FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**ACT Firearms Registry**

**Use Only**

**Licence Number:**

**THIS APPLICATION REQUIRES MINISTERIAL APPROVAL**

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. LICENCE CLASS**

**The applicant to complete.**

**2.1** Select the category of firearms licence you are applying for?

This information is

required to support your genuine reason.

**Genuine Reasons**

(See the Genuine

Reason Guide for further details:

Security Organisation,

- Employment

Primary Production, (Continued next page)

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Adult Composite Entity Heirloom Collector

**2.2** What is your Genuine Reason for having a Category D firearm licence?

**2.3** What calibre of ammunition are you applying to use?

Firearms Dealer

**2. LICENCE CLASS (continued)**

**The applicant to**

**CATEGORY D FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**complete.**

**Genuine Reasons**

(Continued)

**2.4** Have you ever held a firearms licence in the ACT or another state or territory in Australia?

If no, move to 2.5.

If yes, what was your previous firearms licence Number?

Yes No

Vertebrate Pest Animal

Control,

Business,

Occupational

What category of firearm(s) were you licenced for?

What state was this licence issued in?

A B C D H

Requirements relating to rural purposes,

ACT

NSW VIC TAS QLD NT SA WA

Animal Welfare,

Government Agency.

**2.5** Have you ever been refused a firearms licence?

**2.6** Have you ever had a firearms licence cancelled or suspended?

Yes No

Yes No

What state was this licence issue

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

**2.7** If you answered yes to either 2.5 or 2.6, please provide the reason(s) why.

**2.8** Have you completed the relevant firearms safety training for Category D Firearms?

Yes No

**You must provide proof of the successful completion of an approved firearms safety training course**

**3. CLUB ASSOCIATIONS**

**The applicant to**

**complete.**

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

**Club Official to complete**

In completing this section the club official certifies that the club

information given by the applicant is true and correct as recorded in

the appropriate club records.

**3.1** Are you a applying for a Category D Firearms

Licence on behalf of an approved club?

If yes please provide the following details: Membership number

Club Name

**3.2 Club Official Details**

Surname

Given Name(s)

Position held with in the club

Signature of Club Official

Yes No

If no, go to 4.1

Date

dd mm yyyy

Club Stamp

**4. CATEGORY D FIREARMS**

**The applicant to**

**complete.**

**4.1** Do you currently possess any Category D Firearms? Yes No

**4.2** Have your Category D Firearms been rendered permanently inoperable? Yes No N/A

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**5. PERSONAL HISTORY**

**The applicant to complete**

**CATEGORY D FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

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.

**5.1** 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:

Yes No

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

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 5.2 please provide details:

**5.3** Have you in the last 10 years been convicted of an offence?

If yes please provide details:

**5.4** 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

**5.5** Are you an Australian citizen?

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

Yes No

dd mm yyyy

If yes, go to 6.1

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

**5.8** Are you a permanent resident of Australia?

Yes No

**5.9** Are you in Australia on a Visa?

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

Yes No

If no, go to 5.13

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**CATEGORY D FIREARM**

**LICENCE APPLICATION**

ACT Firearms Act 1996 - Part 7

**5. 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.

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

**5.12** Have you ever been refused a Visa? If yes please provide details:

dd mm yyyy

Yes No

**5.13** Have you ever been refused entry into or deported from Australia?

If yes please provide details:

Yes No

**5.14** Do you have a passport?

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

**5.15** 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

Yes No

If no, go to 5.15

If no, go to 6.1

**6. STORAGE**

**The applicant to complete.**

**Firearms and ammunition must be stored at an address with in the ACT.**

**6.1** How will your firearms be stored?

**6.2** How will your ammunition be stored?

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

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**7. APPLICANT DECLARATION**

**The applicant to complete.**

**7.1 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 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

**ADDITIONAL INFORMATION**

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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

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

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fax: 02 62567758

Email: actfirearmsregistry@afp.gov.au

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**CATEGORY D FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**ACT Firearms Registry Use Only.**

**Receipt Number**

**Date of Application**

**Amount $**

**Receipt**

**Date**

dd mm yyyy

dd mm yyyy

**ID Verification**

**Licence Conditions**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

Primary ID Number

Secondary ID

**Ministerial Approval**

Ministerial Approval Sought? Yes No

Reason for not seeking Ministerial approval?

**Date**

dd mm yyyy

MINISTERIAL APPROVAL GRANTED

MINISTERIAL APPROVAL NOT GRANTED

**Date**

**Attach a copy of the Ministerial Decision to this application**

Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION**

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

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To be completed by The applicant for this Licence.

Family Name

**Registrar/Delegate Approval**

**Category D requires Ministerial approval**

dd mm yyyy

Signature of Approving Officer

APPROVED

NOT APPROVED

**Date**

**Licence Issue Date — No earlier than 28 days from the day after the application date.**

Printed Name and Badge Number

**Licence Issuer**

Signature of Issuing Officer

dd mm yyyy

**Licence Receiver**

Signature of Receiver

dd mm yyyy

Printed Name and Badge Number

Printed Name

dd mm yyyy

Applicant

Agent

dd mm yyyy

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