



CATEGORY D FIREARM LICENCE APPLICATION

ACT Firearms Act 1996 - Part 7

2. LICENCE CLASS (continued)

The applicant to complete.

Genuine Reasons (Continued)

- Vertebrate Pest Animal Control,
- Business,
- Occupational Requirements relating to rural purposes,
- Animal Welfare,
- Government Agency.

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

2.4 Have you ever held a firearms licence in the ACT or another state or territory in Australia? Yes No
If no, move to 2.5.

If yes, what was your previous firearms licence Number?

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

What state was this licence issued in? A B C D H

ACT NSW VIC TAS QLD NT SA WA

2.5 Have you ever been refused a firearms licence? Yes No

2.6 Have you ever had a firearms licence cancelled or suspended? Yes No

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.

3.1 Are you applying for a Category D Firearms Licence on behalf of an approved club? Yes No If no, go to 4.1

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

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

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?

Yes No

If yes, please provide details:

5.2 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 5.2 please provide details:

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

Yes No

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?

Yes No

If yes please provide details:

5.5 Are you an Australian citizen?

Yes No If yes, go to 6.1

5.6 If no, when did you arrive in Australia?

dd mm yyyy

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?

Yes No If no, go to 5.13

5.10 What type of Visa do you hold?

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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?

dd mm yyyy

5.12 Have you ever been refused a Visa?

Yes No

If yes please provide details:

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

Yes No

If yes please provide details:

5.14 Do you have a passport?

Yes No

If no, go to 5.15

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?

Yes No

If no, go to 6.1

If yes, what is the firearms licence number?

What is the country of issue?

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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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

Licence Conditions

Ministerial Approval

Ministerial Approval Sought? Yes No Date
dd mm yyyy

Reason for not seeking Ministerial approval?

MINISTERIAL APPROVAL GRANTED MINISTERIAL APPROVAL NOT GRANTED Date
dd mm yyyy

Attach a copy of the Ministerial Decision to this application

Registrar/Delegate Approval

Category D requires Ministerial approval

APPROVED NOT APPROVED

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

Signature of Approving Officer Date
dd mm yyyy

Printed Name and Badge Number dd mm yyyy

Licence Issuer

Signature of Issuing Officer
 Printed Name and Badge Number

dd mm yyyy

Licence Receiver

Signature of Receiver
 Printed Name

Applicant Agent

dd mm yyyy