

ACT Firearms Act 1996 - Part 7

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	1.1 APPLICANT DETAILS			
Complete.	Surname			
	Given Name(s)			
	1.2 Have you been known by any other names? Yes No If yes, please provide details: Yes No			
	Previous Surname			
	Previous Given Name(s)			
1.3 RESIDENTIAL DETAILS				
	Street Number			
	Street Name			
	Suburb			
	State Post Code			
1.4 POSTAL ADDRESS (if different from above)				
	Street Number			
	Street Name			
	Suburb			
	State Post Code			
	Mobile Fax			
	E-mail			
2. LICENCE CLA	SS			
The applicant to complete.	2.1 Select the category of firearm(s) you are applying for?			
This information is required to support your genuine reason.				
Genuine Reasons	A B C H			
(See the Genuine Reason Guide for further details).	2.2 What is your Genuine Reason for having a firearm licence?			
•Heirloom Possession.				
	2.3 Can you satisfy another Genuine Reason, for possessing the Yes No firearm(s) that this licence relates too?			
	If yes, what other Genuine Reason can you satisfy?			

AF2009-14 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the ACT Firearms Act 1996 Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au



ACT Firearms Act 1996 - Part 7

2. LICENCE CLAS	S (continued)
The applicant to	
complete.	2.4 Have you ever held a firearms licence in the ACT or another state in Aus-Yes No tralia? (If no, move to 2.5)
If there is insufficient space to complete a question, please provide additional details at the end of this application.	If yes, what was your previous firearms licence Number?
	What category of firearm(s) were you licenced for?
	What state was this licence issue in?ABCDH
	ACT NSW VIC TAS QLD NT SA WA
	 2.5 Have you ever been refused a firearms licence? 2.6 Have you ever had a firearms licence cancelled or suspended?
	If you answered yes to either 2.5 or 2.6, please provide the reason(s) why.
	2.7 What group best describes the firearm(s) related to this licence? Matched Pair of Firearms
Only complete 2.9 details if the heirloom is a matched pair of firearms.	2.8 Firearm 1 2.9 Firearm 2 What is the Type/Action of the firearm? What is the Type/Action of the firearm?
	What is the Make of the firearm? What is the Make of the firearm?
	What is the Model of the firearm? What is the Model of the firearm?
	What is the Calibre of the firearm? What is the Calibre of the firearm?
lf the fine one is a	Barrel Length Barrel Length
If the firearm is a replica, please detail the colour instead of	
the calibre in the	What is the Cariel Number of the firearm?
calibre field.	What is the Serial Number of the firearm? What is the Serial Number of the firearm?
	2.10 Have the firearm(s) been rendered permanently inoperable? Yes No
2.11 For applicants	2.11 Have you completed the relevant firearms safety training? Yes No
that have not held a previous ACT Firearms Licence.	2.12 What is the Age of the firearm(s)?
	2.13 How long has the firearm(s) been in your family?
	2.14 How did the firearm come into your families possession?
	You must provide proof of the successful completion of an approved firearms safety training course and that each firearm has been rendered permanently inoperable in accordance with the



ACT Firearms Act 1996 - Part 7

3. PERSONAL HI	STORY		
The applicant to complete	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?		
This information is used to assess your suitability			
for a firearms licence.	If yes, please provide details:		
If there is insufficient space to complete a question, please provide additional details at the end of this application.			
	3.2 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? Yes No		
	Serious head injuries? Yes No		
	Any other condition not previously mentioned? Yes No		
	If you answered yes to any of the above questions please provide details:		
	3.3 Have you in the last 10 years been convicted of an offence? Yes No		
	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:		
	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?		
	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 3.13		
	3.10 What type of Visa do you hold?		



ACT Firearms Act 1996 - Part 7

3. PERSONAL HI	STORY (Continued)
The applicant to complete	3.11 What is the expiry date of your Visa?
This information is used to assess your suitability for a firearms licence.	dd mm yyyy 3.12 Have you ever been refused a Visa? Yes No
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 No
	yes please provide details:
	3.14 Do you have a passport? Yes No
	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 yes, what is the firearms licence number?
	What is the country of issue?
4. STORAGE	
The applicant to complete.	4.1 How will your firearm(s) be stored?

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

4.2 What address (in the ACT) do you wish to nominate as the registered address to store your firearm(s)?

APPLICANT DECLARATION 5.

The applicant to		
complete.		

5.1 APPLICANT DECLARATION

DECLARATION

Sig

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.

nature of person making the declaration	n dd mm yyyy

AF2009-14 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the ACT Firearms Act 1996 Pg 4 of 6



ACT Firearms Act 1996 - Part 7

ADDITIONAL INFORMATION

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

AFP 3013 (1/09) AF2009-14 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the ACT Firearms Act 1996 Pg 5 of 6



ACT Firearms Act 1996 - Part 7

ACT Firearms F	Registry Use Only.		
Receipt Number Amou Date of Application Image: Constraint of the second	nt \$ Receipt Date dd mm yyyy		
ID Verification ID Type ACT Firearms Licence Drivers Licence Primary ID Number	Licence Conditions		
Secondary ID			
APPROVED NOT APPROVED Licence Issue Date – No earlier than 28 days from the day after the application date. Signature of Approving Officer Approval Date Licence Issue Date – No earlier than 28 days from the 			
Licence Issuer Signature of Issuing Officer Printed Name and Badge Number dd mm yyyy	Licence Receiver		

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