

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? | | | |

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| 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 |



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| 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? | | |



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| 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 |
|---|--------------|

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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

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| 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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