**REGISTERED USER OF A FIREARM**

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

**RESIDENTIAL DETAILS**

Street Number

Street Name

Suburb

State Post Code

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

**OWNER DETAILS**

Firearms licence number

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

Surname

Given Name(s)

Date of Birth

dd mm yyyy

**FIREARM DETAILS**

Type Action

Make Model Calibre/Common Name

Barrel Length (mm)

Serial Number

**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.

**DECLARATION**

I hereby authorise the applicant to apply to the Registrar to be a registered user of my firearm detailed in this application.

Signature of Applicant

dd mm yyyy

Signature of Owner

dd mm yyyy

AFP 3016 (1/09)

AF2009-18 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the *ACT Firearms Act 1996* Pg 1 of 2

**REGISTERED USER OF A FIREARM**

ACT Firearms Act 1996 - Part 11

**ACT Firearms Registry Use Only.**

**Receipt Number**

**Date of Application**

**Amount $**

**Receipt**

**Date**

dd mm yyyy

dd mm yyyy

**ID Verification**

**Registered User Conditions**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

Primary ID Number

Secondary ID

Has a registration certificate been requested? Yes No

Signature of Approving Officer

Australian Capital Territory

Firearms Registry

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

***BLOCK LETTERS in dark pen only.***

To be completed by The applicant for this Licence.

Family Name

**Approval Date**

Printed Name and Badge Number

APPROVED

NOT APPROVED

dd mm yyyy

**Registration Certificate Issuer**

Signature of Issuing Officer

**Registration Certificate Receiver**

Signature of Receiver

Printed Name and Badge Number

dd mm yyyy

Printed Name

dd mm yyyy

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fax: 02 62567758

Email: actfirearmsregistry@afp.gov.au

AFP 3016 (1/09)

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