



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

Date of Birth

Surname

Given Name(s)

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



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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

Has a registration certificate been requested? Yes No

Registered User Conditions

Signature of Approving Officer

APPROVED

NOT APPROVED

Approval Date

dd mm yyyy

Printed Name and Badge Number

Registration Certificate Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

Registration Certificate Receiver

Signature of Receiver

Printed Name

dd mm yyyy

ACT Firearms Registry

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