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

State

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**2.1** What is your Genuine Reason for having a paintball marker licence?

**The applicant to**

**complete.**

This information is

required to support your genuine reason.

**Genuine Reasons** (See the Genuine

Reason Guide for further details:

Paintball Activity.

**An Adult paintball Marker Licence authorises the holder to possess and use paintball markers and paint pellets only while at a registered Paintball Range.**

**2. LICENCE CLASS**

**All paintball markers require category A firearms storage.**

**1.5 CONTACT DETAILS**

State

**1.3 RESIDENTIAL DETAILS**

Previous Given Name(s)

Previous Surname

dd

Date of Birth

mm

yyyy

Given Name(s)

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



You are required to provide 100 points of identity with your application for a new licence under this Act.



**The applicant to**

**complete.**

**1. APPLICANT DETAILS *Please Use BLOCK LETTERS in dark pen only.***

**1.1 APPLICANT DETAILS**

Surname

**1.2** Have you been known by any other names?

If yes, please provide details:

Street Name

Suburb

Street Number

Post Code

**1.4 POSTAL ADDRESS** (if different from above)

Home

Work

Mobile

Fax

Street Name

Suburb

Street Number

Post Code

Yes

No

E-mail

**ACT Firearms Registry**

**Use Only**

**Licence Number:**

**ADULT PAINTBALL MARKER**

**LICENCE APPLICATION**

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**The applicant to**

**complete.**

It is the responsibility of the applicant to provide

evidence of participation in paintball competitions. Failure to do so may jeopardise your paintball licence.

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

**Range official to**

**complete**

In completing this

section the range official certifies that the club information given by the applicant is true and correct as recorded in the appropriate club records.

**3.3 Range Official Details**

Range Stamp

Signature of Range Official

Position held with in the range

Given Name(s)

Surname

How often do you attend the club?

Range Name

Membership number

If yes please provide the following details:

**You must provide proof of the successful completion of an approved firearms safety training course**

**2.5** If you answered yes to either 2.3 or 2.4, please provide the reason(s) why.

**2.4** Have you ever had a firearms licence cancelled or suspended?

dd

mm

yyyy



**The applicant to**

**complete.**

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

**2. LICENCE CLASS (continued)**

**3. CLUB ASSOCIATIONS**

**3.1** Are you a member of an approved paintball range that conducts competitions or activities requiring the use of a paintball marker for which the licence is sought?

**3.2** Have you participated in at least 4 paintball

competitions since your last application?

If yes please provide the name, location and date of the competitions you participated in since your last application.

Yes

No

Yes

No

Date

**2.6** Have you completed the relevant firearms safety training?

(All applicants that have not held a previous ACT Firearms Licence)

**2.3** Have you ever been refused a firearms licence?

If yes, what was your previous firearms licence Number?

**2.2** Have you ever held a firearms licence in the ACT or another state or territory in Australia?

If no, move to 2.3.

Yes

No

Yes

No

Yes

No

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

A

B

C

D

H

Yes

No

NSW

VIC

TAS

QLD

NT

SA

WA

ACT

What state was this licence issued in?

If no, go to 3.2

**ADULT PAINTBALL MARKER**

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If yes please provide details:

If yes please provide details:

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

If you answered yes to any of 4.2 please provide details:

Any other condition not previously mentioned?

**4.2** Have you ever suffered or received treatment for any of the following:

**4. 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.

**4.1** Do you have any physical and/or mental disability which may render you unfit to use or be in

possession of a firearm/paintball marker?

If yes, please provide details:

Illicit drug use or dependence?

Fits, blackouts or dizziness?

Serious head injuries?

Mental and or emotional illness?

**4.4** Have you in the last 10 years entered into a recognisance to keep the peace or to be of good behaviour?

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Excessive alcohol consumption?

**ADULT PAINTBALL MARKER**

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**4.15** Do you have a firearms licence issued by another country?

**4.14** Do you have a passport?

If yes please provide details:

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

If yes please provide details:

dd

mm

yyyy

dd

mm

yyyy

**4. 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.

**4.5** Are you an Australian citizen?

**4.6** If no, when did you arrive in Australia?

**4.8** Are you a permanent resident of Australia?

**4.7** What is your country of birth?

Yes

No

Yes

No

**4.9** Are you in Australia on a Visa?

**4.10** What type of Visa do you hold?

**4.11** What is the expiry date of your Visa?

**4.12** Have you ever been refused a Visa?

If yes, what is the passport number?

What is the country of issue?

If yes, what is the firearms licence number?

What is the country of issue?

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

If no, go to 4.13

If no, go to 4.15

If no, go to 5.1

If yes, go to 5.1

**ADULT PAINTBALL MARKER**

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ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fax: 02 62567758

Email: actfirearmsregistry@afp.gov.au

**6. APPLICANT DECLARATION**

**5. STORAGE**

**6.1 APPLICANT DECLARATION**

dd

mm

yyyy

**ADDITIONAL INFORMATION**

Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION**

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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



**Upon completion of this form please submit it in person at the ACT Firearms Registry.**



**The applicant to**

**complete.**

**Paintball Markers must be stored at an address with in the ACT.**

**5.1** How will your paintball marker(s) be stored?

**5.2** What is the registered address (within the ACT) where your paintball marker(s) will be stored?

**The applicant to**

**complete.**

Signature of person making the declaration

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 and declare I will not fire anything other than paint pellets. I also consent to

Police making any enquiries necessary to assess this application.

**ADULT PAINTBALL MARKER**

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Applicant

Agent

Signature of Receiver

dd

mm

yyyy

dd

mm

yyyy

Printed Name and Badge Number

Signature of Issuing Officer

dd

mm

yyyy

dd

mm

yyyy

Printed Name and Badge Number

Signature of Approving Officer

Secondary ID

dd

mm

yyyy

dd

mm

yyyy

Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION**

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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



**ACT Firearms Registry Use Only.**

**Licence Issue Date — No**

**earlier than 28 days from the day after the application date.**

NOT APPROVED

APPROVED

**Licence Conditions**

**Date of Application**

**Amount $**

**Receipt Number**

**Receipt Date**

**ID Verification**

Passport

Drivers Licence

ACT Firearms Licence

ID Type

**Approval Date**

**Licence Issuer**

**Licence Receiver**

Printed Name

Primary ID Number

**ADULT PAINTBALL MARKER**

**LICENCE APPLICATION**

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