

ACT Firearms Act 1996 - Part 7

ACT Firearms Registry Use Only Licence Number:

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

1. APPLICANT D	DETAILS Please Use BLOCK LETTERS in dark pen only.
The applicant to	1.1 APPLICANT DETAILS
complete.	Surname Date of Birth
	Given Name(s)
	1.2 Have you been known by any other names? 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
	1.5 CONTACT DETAILS
	Home Work Work
	Mobile Fax Fax
	E-mail E-mail
2. LICENCE CLAS	SS
The applicant to complete.	All paintball markers require category A firearms storage.
This information is required to support your genuine reason.	2.1 What is your Genuine Reason for having a paintball marker
Genuine Reasons (See the Genuine Reason Guide for further details:	
Paintball Activity.	An Adult paintball Marker Licence authorises the holder to possess and use



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2. LICENCE CLAS	SS (continued)
The applicant to complete.	2.2 Have you ever held a firearms licence in the ACT or another state or territory in Australia? Yes No If no, move to 2.3.
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 vou licenced for? What state was this licence issued in? A B C D H ACT NSW VIC TAS QLD NT SA WA 2.3 Have you ever been refused a firearms licence? Yes No 2.4 Have you ever had a firearms licence cancelled or suspended? Yes No 2.5 If you answered yes to either 2.3 or 2.4, please provide the reason(s) why.
3. CLUB ASSOCIA	You must provide proof of the successful completion of an approved firearms safety training course ATIONS
The applicant to complete.	3.1 Are you a member of an approved paintball range that conducts competitions or activities requiring the use
It is the responsibility of the applicant to provide evidence of participation in paintball competitions. Failure to do so may jeopardise your paintball licence.	of a paintball marker for which the licence is sought? If yes please provide the following details: Membership number Range Name
If there is insufficient space to complete a question, please provide additional details at the end of this application.	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.
Range official to	3.3 Range Official Details
complete	Surname
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.	Position held with in the range
	Signature of Range Official Range Stamp
	Date dd mm yyyy



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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?					
Yes No No					
If yes, please provide details:					
4.2 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 4.2 please provide details:					
4.3 Have you in the last 10 years been convicted of an offence? Yes No					
If yes please provide details:					
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					
If yes please provide details:					



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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? Yes No If yes, go to 5.1		
4.6 If no, when did you arrive in Australia? dd mm yyyyy		
4.7 What is your country of birth?		
4.8 Are you a permanent resident of Australia? Yes No		
4.9 Are you in Australia on a Visa? Yes No If no, go to 4.13		
4.10 What type of Visa do you hold?		
4.11 What is the expiry date of your Visa? dd mm yyyy		
4.12 Have you ever been refused a Visa? Yes No		
If yes please provide details:		
4.13 Have you ever been refused entry into or deported from Australia? Yes No		
4.14 Do you have a passport? Yes No If no, go to 4.15		
If yes, what is the passport number?		
What is the country of issue?		
4.15 Do you have a firearms licence issued by another country? Yes No If no, go to 5.1		
If yes, what is the firearms licence number?		
What is the country of issue?		



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5. STORAGE			
The applicant to complete.	5.1 How will your paintball marker(s) be stored?		
Paintball Markers must be stored at an address with	5.2 What is the registered address (within the ACT) where your paintball marker(s) will be stored?		
in the ACT.			
6. APPLICANT D	ECLARATION		
The applicant to complete.	6.1 APPLICANT 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. Signature of person making the declaration dd mm yyyyy		
	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 Registry Use Only.					
Receipt Number Amount \$ Receipt Date of Application Amount \$ Dat					
ID Verification	Licence Conditions				
ID Type ACT Firearms Licence Drivers Licence Passport Primary ID Number Secondary ID APPROVED NOT APPROVED Signature of Approving Officer Approval Date Licence Issue Date — No earlier than 28 days from the day after the application date.					
Printed Name and Badge Number dd mm yyyy dd mm yyyy					
Signature of Issuing Officer Printed Name and Badge Number dd mm yyyy	Signature of Receiver Printed Name Applicant Agent dd mm yyyy				