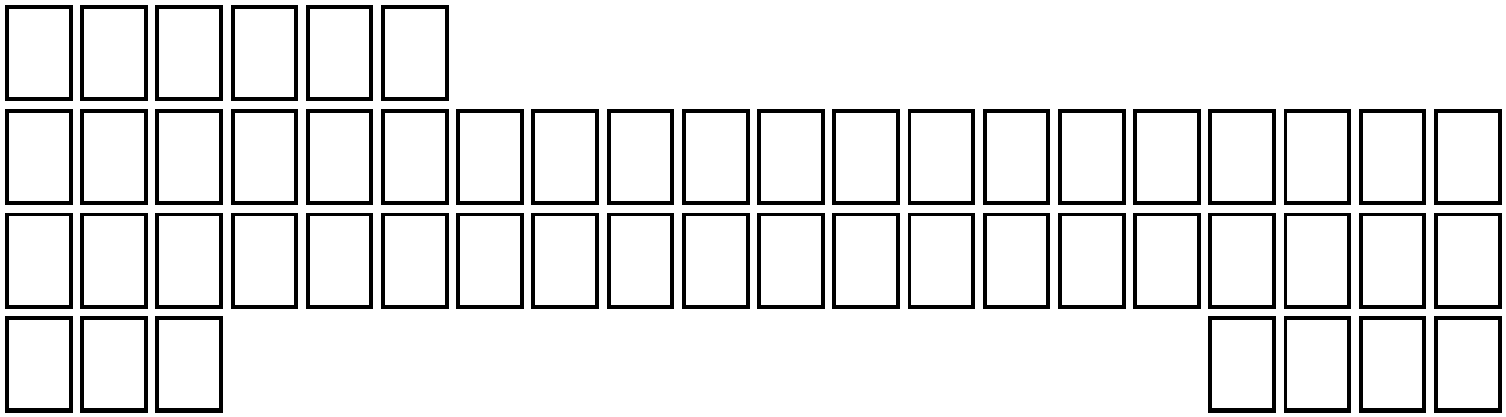
**AMMUNITION COLLECTION APPLICATION**



ACT Firearms Act 1996 - Part 41

**ACT Firearms Registry**

**Use Only**

**Licence Number:**

**APPLICANT DETAILS**

Surname

Given Name(s)

**REGISTERED STORAGE ADDRESS**

Date of Birth

dd mm yyyy

Street Number

Street Name

Suburb

State Post Code

Genuine Reason to collect ammunition?

Firearms Licence number

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

A B C D H

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

**AMMUNITION DETAILS**

Who is the manufacturer of the ammunition you wish to collect?

What is the date of manufacture of the ammunition you wish to collect?

What calibre of ammunition do you wish to collect?

What quantity of the ammunition listed above do you wish to collect?

Does the ammunition bear a headstamp?

If yes, what is the headstamp? Yes No

**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. I also consent to Police making any enquiries necessary to assess this application.

Date

Signature of person making the declaration

dd mm yyyy

AFP 3003 (1/09)

AF2009-3 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the ACT *Firearms Act 1996*

Unauthorised version prepared by ACT Parliamentary Counsel’s Office

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**AMMUNITION COLLECTION APPLICATION**

ACT Firearms Act 1996 - Part 41

**ACT Firearms Registry Use Only.**

**Receipt Number**

**Date of Application**

**Amount $**

**Receipt**

**Date**

dd mm yyyy

dd mm yyyy

**ID Verification**

**Registration Conditions**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

Primary ID Number

Secondary ID

**Authorisation to collect**

**ammunition is only valid for one year.**

**ISSUE DATE**

APPROVED

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



NOT APPROVED

dd mm yyyy

Signature of Approving Officer

**APPROVAL DATE**

**EXPIRY DATE**

Printed Name and Badge Number

**Certificate Issuer**

Signature of Issuing Officer

dd mm yyyy

**Certificate Receiver**

Signature of Receiver

dd mm yyyy

Printed Name and Badge Number

Printed Name

dd mm yyyy

Applicant

Agent

dd mm yyyy

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fa: 02 62567758

Email: [actfirearmsregistry@afp.gov.au](mailto:actfirearmsregistry@afp.gov.au)

AFP 3003 (1/09)

AF2009-3 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the ACT *Firearms Act 1996*

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