



AMMUNITION COLLECTION APPLICATION

ACT Firearms Act 1996 - Part 41

ACT Firearms Registry
Use Only
Licence Number:

APPLICANT DETAILS

Surname

Given Name(s)

Date of Birth

dd mm yyyy

REGISTERED STORAGE ADDRESS

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

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.

Signature of person making the declaration

Date

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

Registration Conditions

Authorisation to collect ammunition is only valid for one year.

Signature of Approving Officer

APPROVED NOT APPROVED

ISSUE DATE
dd mm yyyy

Printed Name and Badge Number

APPROVAL DATE
dd mm yyyy

EXPIRY DATE
dd mm yyyy

Certificate Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

Certificate Receiver

Signature of Receiver

Printed Name

Applicant Agent

dd mm yyyy

ACT Firearms Registry

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Email: actfirearmsregistry@afp.gov.au