**COLLECTORS FIREARM LICENCE APPLICATION** 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 DETAILS *Please Use BLOCK LETTERS in dark pen only.***

**The applicant to complete.**

**1.1 APPLICANT DETAILS**

Surname

Given Name(s)

Date of Birth

dd mm yyyy

**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

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

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

Post Code

Street Number

Street Name

Suburb

State

Post Code

**1.5 CONTACT DETAILS**

Home Work

Mobile Fax

E-mail

**2. LICENCE CLASS**

**The applicant to**

**complete.**

This information is required to support your genuine reason.

**Genuine Reasons**

(See the Genuine

Reason Guide for further details:

 Firearms Collection.

**2.1** Select the category of firearm(s) you are applying to be licenced to collect?

A B C H

**2.2** What is your Genuine Reason for having a firearm licence?

**2. LICENCE CLASS (continued)**

**The applicant to**

**COLLECTORS FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**complete.**

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

If no, move to 2.5.

Yes No

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 you licenced for?

What state was this licence issued in?

A B C D H

ACT

NSW VIC TAS QLD NT SA WA

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

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

Yes No

Yes No

**All firearms manufactured on or after 1 January 1900, or that are a prohibited pistol must**

Yes No

**be rendered incapable of firing.**

**2.7** If you answered yes to either 2.5 or 2.6, please provide the reason(s) why.

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

Category A, B, H

firearms must be

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

Yes No

rendered inoperable as per the Firearms Regulations 2008.

Category C & D firearms must be rendered permanently inoperable

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

**2.9** Detail the manufacturer and model of firearm(s)

you intend to collect?

as per the Firearms

Regulations 2008.

**2.10** Has the firearm(s) been rendered inoperable?

Yes No

The applicant is not authorised to discharge

**You must provide evidence that the firearm has been rendered inoperable**

a firearm that is part of a collection.

**2.11** Do you currently have firearms in your collection?

Yes No

Any firearm that is registered on a Collectors Licence will not be transferred to another type of licence held by the applicant.

If yes, detail the manufacturer and model of firearm(s) currently in your collection?

**3. CLUB ASSOCIATIONS**

**The applicant to**

**complete.**

Applicants that are not members of approved collectors clubs or who have not been members for 12 months are not eligible for a collectors licence.

**3.1** Are you a member of an approved collectors club?

If yes please provide the following details: Membership number

Club Name

What date did you join the club?

Yes No

If no, go to 4.1

dd mm yyyy

**3. CLUB ASSOCIATIONS**

**Club official to**

**COLLECTORS FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**complete**

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

**3.2 Club Official Details**

Surname

Given Name(s)

Position held with in the club

Signature of Club Official Club Stamp

**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? If yes, please provide details:

Yes No

**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?

Serious head injuries?

Any other condition not previously mentioned?

Yes No

Yes No

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?

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?

If yes please provide details:

Yes No

Yes No

**COLLECTORS FIREARM**

**LICENCE APPLICATION**

ACT Firearms Act 1996 - Part 7

**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?

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

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

**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?

Yes No

dd mm yyyy

Yes No

Yes No

dd mm yyyy

If yes, go to 5.1

If no, go to 4.13

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

If yes please provide details:

Yes No

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

If yes please provide details:

Yes No

**4.14** Do you have a passport?

If yes, what is the passport number?

What is the country of issue?

Yes No

If no, go to 4.15

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

If yes, what is the firearms licence number? What is the country of issue?

Yes No

If no, go to 5.1

**COLLECTORS FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**5. STORAGE**

**The applicant to complete.**

**Firearms and ammunition must be stored at an address with in the ACT.**

**5.1** How will your firearms be stored?

**5.2** How will your ammunition be stored?

**5.3** What address (in the ACT) do you wish to nominate as the registered address to store your firearm(s) and ammunition?

**6. APPLICANT DECLARATION**

**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.

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 I may eopardise my application by making a deliberately false or misleading statement. I have read and understood the ACT Firearms Regulations 1997, ACT Firearms Act 1996 and their amendments. I also agree to Police making any enquiries necessary to assess this application.

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

Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION**

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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

dd mm yyyy

**ADDITIONAL INFORMATION**

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**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

**COLLECTORS FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**ACT Firearms Registry Use Only.**

**Receipt Number**

**Date of Application**

**Amount $**

**Receipt**

**Date**

dd mm yyyy

dd mm yyyy

**ID Verification**

**Licence Conditions**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

Primary ID Number

Secondary ID

APPROVED

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

NOT APPROVED

**Licence Issue Date — No earlier than 28 days from the**

Signature of Approving Officer

**Approval Date**

**day after the application date.**

Printed Name and Badge Number

**Licence Issuer**

Signature of Issuing Officer

dd mm yyyy

**Licence Receiver**

Signature of Receiver

dd mm yyyy

Printed Name and Badge Number

Printed Name

dd mm yyyy

Applicant

Agent

dd mm yyyy