**COMPOSITE ENTITY 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.**

The Registered Principle is considered to be the applicant of the

composite entity and is nominated to hold the composite entity firearm licence.

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

**1.1 APPLICANT DETAILS**

Surname

Given Name(s)

**1.2** Have you been known by any other names? If yes, please provide details:

Previous Surname

Previous Given Name(s)

**1.3 RESIDENTIAL DETAILS**

Yes No

Date of Birth

dd mm yyyy

Street Number

Street Name

Suburb

State

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

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

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 Rea- son Guide for further details:

 **Business:**

-Security Organisation.

 **Primary Production:**

-Farming/grazing. (Continued next page)

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

A B C H

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

**2.3** What calibre of ammunition will you be using?

**2. LICENCE CLASS (continued)**

**The applicant to**

**complete.**

**Genuine Reasons**

(Continued)

**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.

If yes, what was your previous firearms licence Number?

Yes No

 **Employment:**

-Farming/grazing

 **Approved Club:**

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

What state was this licence issued in?

A B C D H

-Sport or Target

Shooting

ACT

NSW VIC TAS QLD NT SA WA

 **Government Agency.**

If there is insufficient

**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

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

**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?

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

Yes No

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

**3. ENTITY DETAILS**

**The applicant to**

**complete.**

**3.1** Entity Name

**3.2** Business Registration Number

**3.3** Has the entity been known by any other

names? If yes, please provide details:

Yes No

Previous Name

**3.4** What is the core business function of the entity?

**3.5 BUSINESS ADDRESS**

Street Number

Street Name

Suburb

State

Post Code

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

Street Number

Street Name

Suburb

State

**3.7 CONTACT DETAILS**

Post Code

Work Fax

**3. ENTITY DETAILS (Continued)**

**The applicant to**

**complete.**

**3.8** Is the entity a security organisation?

Yes No

An employee list on the

entity’s letterhead and signed by the applicant, must be attached to this application.

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

If yes, what is the entity’s Master

Licence Number?

**3.9** Why does the entity need to possess a firearm?

**3.10** How many firearms does the entity need to possess?

**3.11** Complete the following details for the firearm(s) the entity will possess:

Firearm Make Firearm Model Calibre

**4. PERSONAL HISTORY**

**The applicant to**

**complete**

This information is used to assess your suitability for a firearms licence.

**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 the above questions 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

**4. PERSONAL HISTORY (Continued)**

**The applicant to**

**complete**

This information is used to assess your suitability for a firearms licence.

**4.5** Are you an Australian citizen?

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

Yes No

dd mm yyyy

If yes, go to 5.1

**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?

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

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

Yes No

dd mm yyyy

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

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**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.

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

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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

**COMPOSITE ENTITY 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

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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