

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	ETAILS Please Use BLOCK LETTERS in dark pen only.			
The applicant to	1.1 APPLICANT DETAILS			
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.	Surname Date of Birth			
	Given Name(s) 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 Post Code			
	1.4 POSTAL ADDRESS (if different from above)			
	Street Number			
	Street Name			
	Suburb			
	State Post Code			
1.5 CONTACT DETAILS				
	Home Work			
	Mobile Fax			
	E-mail			
2. LICENCE CLAS	SS .			
The applicant to complete.	2.1 Select the category of firearm(s) you are applying to be licenced to use and possess?			
This information is required to support your genuine reason.				
Genuine Reasons (See the Genuine Reason Guide for further details:	A B C H 2.2 What is your Genuine Reason for having a firearm licence?			
• Business: -Security Organisation.				
• Primary Production: -Farming/grazing. (Continued next page)	2.3 What calibre of ammunition will you be using?			
AED 2007 (1/00) AE2000 F Amment	and by Commander Priva Hill ACT Finance Degistrar on 7 September 2000 under c271 of the ACT Finance Act 1007			



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2. LICENCE CLAS	S (continued)		
he applicant to omplete.	2.4 Have you ever held a firearms licence in the ACT or another state or territory in Australia? Yes No If no, move to 2.5.		
Genuine Reasons Continued)	If yes, what was your previous firearms licence Number?		
Employment: -Farming/grazing	What category of firearm(s) were you licenced for? What state was this licence issued in? A B C D H		
Approved Club: -Sport or Target Shooting	ACT NSW VIC TAS QLD NT SA WA		
Government Agency.	2.5 Have you ever been refused a firearms licence? Yes No 2.6 Have you ever had a firearms licence cancelled or suspended? Yes No		
f there is insufficient pace to complete a uestion, please provide dditional details at the nd of this application.	e		
	2.8 Have you completed the relevant firearms safety training? (All applicants that have not held a previous ACT Firearms Licence)		
3. ENTITY DETA	You must provide proof of the successful completion of an approved firearms safety training course		
he applicant to omplete.	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:		
	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 Post Code Post Code		
	3.7 CONTACT DETAILS		
	Work		



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ENTITY DETAILS (Continued) 3. The applicant to 3.8 Is the entity a security organisation? Yes No complete. If yes, what is the entity's Master An employee list on the Licence Number? entity's letterhead and signed by the applicant, 3.9 Why does the entity need to possess a firearm? must be attached to this application. 3.10 How many firearms does the entity need to possess? If there is insufficient space to complete a **3.11** Complete the following details for the firearm(s) the entity will possess: question, please provide additional details at the Calibre Firearm Make Firearm Model end of this application. PERSONAL HISTORY The applicant to complete 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? This information is used to assess your suitability If yes, please provide details: for a firearms licence. 4.2 Have you ever suffered or received treatment for any of the following: Mental and or emotional illness? Yes No Yes No Excessive alcohol consumption? Yes No Illicit drug use or dependence? Yes No Fits, blackouts or dizziness? Yes No Serious head injuries? Any other condition not previously mentioned? 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:



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4. PERSONAL HI	STORY (Continued)
The applicant to	4.5 Are you an Australian citizen? Yes No If yes, go to 5.1
complete	4.5 Are you are Australian citizen:
This information is used to assess your suitability for a firearms licence.	4.6 If no, when did you arrive in Australia? dd mm yyyy
	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
	If yes please provide details:
	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 firearms be stored?
Firearms and	
ammunition must be stored at an address with in the ACT.	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 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. 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 F	Registry Use Only.			
Receipt Number Amou	Date LLLLLL			
Date of Application dd mm yyyy dd mm yyyy				
ID Verification	Licence Conditions			
ID Type ACT Firearms Licence Drivers Licence Passport Primary ID Number Secondary ID				
Signature of Approving Officer Approval Da Printed Name and Badge Number Approval dd mm	Licence Issue Date — No earlier than 28 days from the day after the application date. yyyyy dd mm yyyy			
Signature of Issuing Officer Printed Name and Badge Number dd mm yyyy	Signature of Receiver Printed Name Applicant Agent dd mm yyyyy			