

ACT Firearms Act 1996 - Part 7 and 13

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.			
	pplicant to	1.1 APPLICANT DETAILS Date of Birth			
complete.		Surname Surname			
space	re is insufficient to complete a ion, please provide onal details at the f this application.	Given Name(s) dd mm yyyyy			
additi		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 Work			
		Mobile Fax Fax			
_	LIGHNOF DET	E-mail			
2.	LICENCE DETA	AILS			
comp		The Registrar will authorise the applicant, as deemed necessary by the Registrar, to deal in any of the following firearm categories:			
requir	nformation is red to support your ne reason.	A B C H			
	uine Reasons	2.1 What functions do you wish to be licenced to conduct as a Firearms Dealer?			
	the Genuine Rea- Guide for further s:	Acquire Dispose of Repair/Maintain			
• Bus	siness:	Store Test Manufacture			
		2.2 What is your Genuine Reason for having a firearm licence?			



ACT Firearms Act 1996 - Part 7 and 13

2 LICENCE DETA	
2. LICENCE DETA	AILS (continued)
The applicant to complete.	2.3 Have you ever held a firearms licence in the ACT or another state or territory in Australia? Yes No If no, move to 2.4.
If there is insufficient space to complete a	If yes, what was your previous firearms licence Number?
question, please provide additional details at the	What category of firearm(s) were you licenced for?
end of this application.	What state was this licence issued in? A B C D H
	ACT NSW VIC TAS QLD NT SA WA
	2.4 Have you ever been refused a firearms licence? Yes No
	2.5 Have you ever had a firearms licence cancelled or suspended?Yes NoNo2.6 If you answered yes to either 2.4 or 2.5, please provide the reason(s) why.
	2.6 If you answered yes to either 2.4 or 2.5, please provide the reason(s) why.
	2.7 Have you completed the relevant firearms safety training? (All applicants that have not held a previous ACT Firearms Licence)
	You must provide proof of the successful completion of an approved firearms safety training course
3. ENTITY DETAI	LS
The applicant to complete.	3.1 Entity Name
	3.2 Business Registration Number
	3.3 Has the entity been known by any other names? Yes No
	Previous Name
	What is the core business function of the entity?
	3.4 BUSINESS ADDRESS Street Number
	Street Name
	Suburb
	State Post Code
	3.5 POSTAL ADDRESS (if different from above)
	Street Number
	Street Name
	Suburb
	State Post Code Post Code
	3.6 CONTACT DETAILS
AFP 3010 (1/09) AF2009-9 Appr	Work Fax Pg 2 of 6



ACT Firearms Act 1996 - Part 7 and 13

CLOSE ASSOCIATES The applicant to complete 4.1 Do you have any close associates in the club? If no, go to 5.1 This information is used to assess your suitability for a firearms licence. **4.2** Complete the following details for each close associate (including the nature of you're association): Date of Birth If there is insufficient Surname space to complete a question, please provide Given Name(s) additional details at the dd mm уууу end of this application. 4.3 Has the close associate been known by any other names? If yes, please provide details: Previous Surname Previous Given Name(s) 4.4 RESIDENTIAL DETAILS Street Number Street Name Suburb State Post Code Home Work Mobile Fax E-mail 4.5 What is the close associates firearm licence Number? 4.6 What state is this licence issue in? 4.7 How is the close associate associated to you and or the business? 5. PERSONAL HISTORY The applicant to complete 5.1 Do you have any physical and/or mental disability which may render you unfit This information is used to use or be in possession of a firearm? to assess your suitability for a firearms licence. If yes, please provide details:



ACT Firearms Act 1996 - Part 7 and 13

5. PERSONAL HISTORY (Continued)

The applicant to complete

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

TOKT (continued)					
5.2 Have you ever suffered or received treatment for any of the following:					
Mental and or emotional illness? Yes No					
Excessive alcohol consumption?					
Illicit drug use or dependence?					
Fits, blackouts or dizziness?					
Serious head injuries?					
Any other condition not previously mentioned? Yes No					
f you answered yes to any of 5.2 please provide details:					
f yes please provide details:	Yes No No				
yes piease provide details:					
5.4 Have you in the last 10 years entered into a recognisance to keep the peace	Yes No				
or to be of good behaviour?	Yes No				
f yes please provide details:					
5.5 Are you an Australian citizen? Yes No If yes, go to 6.1					
5.6 If no, when did you arrive in Australia?					
dd mm yyyy					
5.7 What is your country of birth?					
5.8 Are you a permanent resident of Australia? Yes No No					
5.9 Are you in Australia on a Visa? Yes No If no, go to 5.13					
5.10 What type of Visa do you hold?					
5.11 What is the expiry date of your Visa? dd mm yyyy					
dd mm yyyy					
5.12 Have you ever been refused a Visa? Yes No No					
f yes please provide details:					
f yes please provide details:					



ACT Firearms Act 1996 - Part 7 and 13

5. PERSONAL HI	STORY (Continued)	
The applicant to complete	5.13 Have you ever been refused entry into or deported from Australia? Yes No	
This information is used to assess your suitability for a		
firearms licence.	If yes please provide details:	
	5.14 Do you have a passport? Yes No If no, go to 5.15	
	If yes, what is the passport number?	
	What is the country of issue?	
	5.15 Do you have a firearms licence issued by another country? Yes No If no, go to 6.1	
	If yes, what is the firearms licence number?	
	What is the country of issue?	
6. STORAGE		
The applicant to complete.	6.1 How will your firearms be stored?	
Firearms and ammunition must be stored at an address with in the ACT.	6.2 How will your ammunition be stored?	
	6.3 What address (in the ACT) do you wish to nominate as the registered address to store your firearm(s) and ammunition?	
	6.4 Are you aware of the legislated storage requirements? Yes No	
7. APPLICANT DI	ECLARATION	
The applicant to complete.	7.1 APPLICANT DECLARATION	
DECLARATION I declare that the answers I have given on this application are true and correct to the best of n I understand that it is an offence to deliberately make a false or misleading statement. I agree the ACT Firearms Act 1996. I also consent to Police making any enquiries necessary to assess application.		
	Signature of person making the declaration dd mm yyyy	



ACT Firearms Act 1996 - Part 7 and 13

ADDITIONAL INFORMATION							
Jpon completion of this form please submit it in person at the ACT Firearms Registry.							
ACT Firearms Registry Use Only.							
eceipt Number Amo	eunt \$ Receipt						
ate of Application dd mm yyyy	Datedd mm yyyy						
D Verification							
O Type ACT Firearms Licence Drivers Licence Passp	ort						
Primary ID Number	Licence Conditions						
Secondary ID							
The applicant is authorised to possess firearms to perform following functions:	the						
Acquire Yes No Store Yes	No						
Dispose of Yes No Repair/Maintain Yes	No No						
Test Yes No Manufacture Yes	No No						
The applicant is authorised to conduct the functions							
icked above with the following categories:							
ADDDOVED	A B C H NOT APPROVED						
APPROVED	Licence Issue Date — No earlier than 28 days from the						
Signature of Approving Officer Approval	day after the application date						
Printed Name and Badge Number dd mm	yyyy dd mm yyyy						
Licence Issuer	Licence Receiver						
	Applicant						
Signature of Issuing Officer	Signature of Receiver						
	Agent						
Printed Name and Badge Number	Printed Name						
dd mm yyyy	dd mm yyyy						