



NORTHERN TERRITORY POLICE

Northern Territory *Firearms Act 1997*

NT Firearms Licence No.

NOTICE OF CHANGE OF PERSONAL PARTICULARS OR PARTICULARS FOR FIREARMS

Please tick appropriate box

I have changed my **address** and/or **name** I have **disposed** of a the firearm I have had a firearm **stolen or lost**

NEW NAME / ADDRESS IS: (FOR NEW NAME - Provide Documentation: e.g. Copy of Marriage Certificate, Divorce Nisi or Deed Poll)

Current Name / Current Address							
Surname		Given Name			Middle Name		
Date of Birth	DD / MM / YYYY	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/> (Indeterminate/Intersex)		
Place of Birth	Town	State			Country		
Current Residential Address:					Post Code		
Current Postal Address:					Post Code		
Home Phone Number:		Work Phone Number:		Mobile Phone Number:			
Email:							
Business / Employment Details							
Occupation		Business / Employer Name					
Business Phone Number		Business Mobile Number					
Business Address (Not PO Box)					Post Code		
Business Postal Address					Post Code		
Business Email:							
Previous Name / Previous Address							
Surname		Given Name		Type of change (<i>Deed poll, marriage, alias, etc.</i>)			
Previous Residential Address:					Post Code		
Previous Postal Address:					Post Code		

Particulars of Firearms							
Category	Make / Brand	Model	Serial Number	Action Type	Calibre (e.g. 300 Win Mag)	Capacity	Barrel Length (Cat H only)

Has your storage location change? YES NO

If Yes, select one of the options below.
<input type="checkbox"/> Self-storage (Category A and B (C & H if previously inspected)) (Attach PF491 – Self Declaration for Storage / Safekeeping of Firearms, along with photos of your gun safe)
<input type="checkbox"/> Self-storage (Category C and H) (Attach PF482 - Permission to Inspect Premises (First time applicants / New Safe / New location))
<input type="checkbox"/> Storage with the dealer or another licence holder (Attach PF492 – Permission to store firearms notice)

YOU MUST COMPLETE BOTH PAGES AS APPLICABLE. SIGN AND DATE THE PRIVACY DISCLAIMER ON PAGE 2.



DISPOSED OF / LOST / STOLEN FIREARM (Please describe the circumstances):

I have disposed of the firearm by:

I have lost the firearm, Details:

I have had the firearm stolen: Reported to Police Station at: Date:/...../.....

PROMIS No:.....

Privacy Disclaimer

Privacy Disclaimer: Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information from your application to ensure compliance with legislation and to support related processes. This collection is authorised and required by the NT *Firearms Act and Regulations*. Through national agreements the NTPFES will provide some or all of this information to other agencies with an interest in firearm permits, licensing, and registrations. Failure to provide this information in full or in part may result in your application not being processed or being refused.

You can access your personal information provided on this form. If you have any queries or wish to access this information please contact NTPFES by phoning 08 8999 5511 (NT Government Switch).

I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the Firearms Act and acknowledge to make a false statement in an application is an offence under Section 89 of that Act.

Declared at
(Police Station)

Signature of applicant:..... Date: / /

PRINTED NAME:.....

PENALTY: 100 PENALTY UNITS OR IMPRISONMENT FOR 2 YEARS FOR FALSE OR MISLEADING STATEMENTS
– Firearms ownership is not a right, it's a responsibility –

- Receiving Member to Complete -

POLICE USE ONLY		
RECEIVING MEMBER TO COMPLETE		
Member Name (PRINT) :.....	Signature of member receiving application:	Date Received:
Position / Rank :...../...../.....
Reg. No. :.....

FORWARD TO THE FIREARMS POLICY AND RECORDING UNIT (FPRU), DARWIN.

Email: firearmsregistry@pfes.nt.gov.au