



**NORTHERN TERRITORY POLICE**

Section 27 / 16A – Firearms Act

**APPLICATION FOR (ONLY SELECT ONE OPTION PER APPLICATION):**

- EMPLOYEES LICENCE                       DEALER EMPLOYEE LICENCE (NO FEE)

FPRU USE ONLY	
File Date: ..... / ..... / .....	
POLICE USE ONLY	
Firearm Licence No: .....	
Receipt No: .....	
Fee Charged: \$.....	

Please tick  appropriate boxes

**NOTE: NOT TO BE USED FOR RECREATIONAL SHOOTER LICENCE APPLICATIONS**

Surname:		Given Name:		Middle Name(s):	
Date of Birth: ..... / ..... / .....	Place of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Phone Number: .....		
			Mobile Phone Number:.....		
			Email:.....		
Residential Address (Number, Street, Suburb):					Post Code:
Postal Address (PO Box Number, Town/City):					Post Code:
Occupation:	Name of Employer:				
Business Phone Number:	Address of Employer:				
Drivers' Licence: State: ..... Number: .....			Interstate Shooters' Licence: State: ..... Number: .....		

Do you have, or have you ever had, a Domestic Violence Order or Restraining Order issued against you? (including Interstate and Overseas)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:.....
Have you ever been charged with or convicted of any kind of offence, <b>not</b> involving minor traffic offenses? (including Interstate and Overseas)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:.....
Have you ever suffered, been treated for or diagnosed of any psychological or mental disorder? <i>If yes, you will be required to supply a report from your treating physician with the application.(or psychiatrist if applicable)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:.....

Reason for (must include Corporate Licence no):.....

**DECLARATION**

**Privacy Disclaimer** Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form to ensure compliance with legislation and to ensure the Commissioner of Police can satisfy him/herself of a number of matters related to the issuing of firearms licences, permits and registration. This collection is authorised or 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 a direct interest in firearm permits, licensing, and registration. 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 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(1) of that Act.

Signature of applicant:..... Date: ..... / ..... / ..... Declared at (Police Station):.....

**PENALTY: 100 PENALTY UNITS OR IMPRISONMENT FOR 2 YEARS FOR FALSE OR MISLEADING STATEMENT**

**TO BE COMPLETED BY EMPLOYER**

I, ..... of, ..... require, ..... to have in his/her possession whilst employed by my company as a, ..... for the following categories of firearms:  A  B  C  D  H He/She has undergone a Firearm Training and Safety Course within the last 12 months for the **security** industry / within the last 2 years for Government Employees / within the last 5 years for other types of Employees:  Yes  No  N/A Certificate attached:  Yes  No If the applicant is applying for a **first issue** of a licence for the **security** industry, has he/she undergone counselling by a solicitor in relation to the legal use of firearms:  Yes  No  N/A Letter from legal practitioner proving that they have been briefed attached:  Yes  No All firearms use by this person will be registered to the Company and will only be used in conjunction with his/her employment:  Yes  No

I certify that the above particulars are true and correct. Signature of employer:.....

Print name of employer and title:..... Date: ..... / ..... / .....

**FPRU USE ONLY**

APPROVED     NOT APPROVED    Reason Category: .....    Reason Code: .....

Condition Codes: .....

Signature: ..... Position/Rank: ..... Date: ..... / ..... / .....

**RECEIVING MEMBER – See overleaf to complete application**

**RECEIVING MEMBER TO COMPLETE (PRINT CLEARLY)**

Signature of member receiving application: .....	Name, Position / Rank (printed): .....	Reg. No.: .....	Date Received ...../...../.....
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New Photography taken  (email to: [firearmsregistry@pfes.nt.gov.au](mailto:firearmsregistry@pfes.nt.gov.au)) **NOTE:** Supporting documentation **must** be attached

Application updated on SAFER  Yes  No If No reason: .....

**ALL APPLICATIONS MUST BE COMMENCED ON SAFER BEFORE FORWARDING TO FPRU.**  
**ALL APPLICATIONS NOT STARTED ON SAFER WILL BE RETURNED FOR RECEIVING STATION FOR INCLUSION ON SAFER PRIOR TO APPLICATION BEING PROCESSED.**

**NT FIREARMS TRAINING SAFETY CERTIFICATE - POLICE USE ONLY**

Completed and attached

Not Completed - Reason  Renewal Booked  Interstate Qualification (attached)  Holds current NT A + B Category Shooter Licence

**CHARACTER / CONVICTION - POLICE USE ONLY**

<input type="checkbox"/> <b>PROMIS check completed (by member receiving application)</b>	<input type="checkbox"/> Unknown – New PROMIS ID: .....
	<input type="checkbox"/> Known – PROMIS ID'S list all:...../...../..... ...../...../.....
Criminal / Traffic History: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
Involvements: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
Alerts / Warrants / DVO'S: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
<input type="checkbox"/> <b>IJIS check completed (by member receiving application)</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Known – IJIS ID:...../...../..... ...../...../.....
Criminal / Traffic History: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
Domestic Violence Orders Personal Violence Orders Restraining Orders <input type="checkbox"/> No <input type="checkbox"/> Yes If yes:	<input type="checkbox"/> Not relevant (more than 6 years old) <input type="checkbox"/> Relevant (less than 6 years old). Attach printout of details
Other History / Orders <input type="checkbox"/> No <input type="checkbox"/> Yes If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
<input type="checkbox"/> <b>NFLRS check completed (if required) (Interstate Licence Transfer)</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Known <input type="checkbox"/> Not relevant <input type="checkbox"/> Relevant, Attach printout of details
Interstate Firearm Licence <input type="checkbox"/> No <input type="checkbox"/> Yes If yes:	<input type="checkbox"/> No Outstanding Firearm(s) <input type="checkbox"/> Yes Outstanding Firearm(s), Attach printout of details
<input type="checkbox"/> <b>NPRS check completed</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Known <input type="checkbox"/> Not relevant <input type="checkbox"/> Relevant, Attach printout of details

**FORWARD TO THE FIREARMS POLICY AND RECORDS UNIT (FPRU),  
PETER MCAULAY CENTRE, DARWIN**

Tel: 08 89223543

Fax: 08 89223540

Email: [firearmsregistry@pfes.nt.gov.au](mailto:firearmsregistry@pfes.nt.gov.au)

For more information visit: <http://www.pfes.nt.gov.au/Police/Firearms-Weapons/Firearms-licences-permits-forms.aspx>