

To be filed with Approvals Under the
Weapons Control Act

NORTHERN TERRITORY POLICE APPROVAL UNDER SECTION 10 OF THE WEAPONS CONTROL ACT

POLICE USE ONLY

Firearm Licence No:

Receipt No:

Fee Charged: \$.....

Application for authority to purchase:

- Prohibited Weapon
- Body Armour

Applicant Details

Surname / Last Name:

First Given Name: Second Given Name(s):

Place of Birth: Date of Birth: / / Gender: Male Female

Residential Address:

Postal Address:

Contact Phone Numbers: Home: Mobile: Work:

Occupation: Employer:

Business Address:

Drivers Licence Number: State: Firearm Licence Number: State:

Authorised to possess: Prohibited Weapon Body Armour

Authorised under: Section 13 *Weapons Control Act*. Authorisation Number:

Exempt under: Section 12 *Weapons Control Act*. Exemption Number:

Approval sought to purchase the following article(s)

Detail the Prohibited Weapon / Body Armour sought on this application. Include a full description including serial numbers if applicable.

<input type="text"/>	Description:	<input type="text"/>
(Quantity)		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

<input type="text"/>	Description:	<input type="text"/>
(Quantity)		<input type="text"/>
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(Quantity)		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
<input type="text"/>	Description:	<input type="text"/>
(Quantity)		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

If insufficient space, attach additional pages.

Storage

Detail where the article(s) are going to be stored:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Details how the article(s) are going to be safely and securely stored:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Reason for seeking approval

Briefly state requirements for article.

Occupational purposes:

Collection:

Other:

Declaration

I,
(Full name of person making application)

of,
(Residential Address)

declare that all the particulars in this document are true and correct. I make this application under the *Weapons Control Act* and acknowledge that a false statement in an application is an offence under *Section 13(3)* of that Act and may preclude me from being granted an approval.

Signature of Applicant: Date: / /

Declared at,

Before me,

Signature of member receiving application:

Member (printed):

Position / Rank: Reg. No.:

Police Station: Date: / /

POLICE USE ONLY

CHARACTER / CONVICTION CHECKS

<input type="checkbox"/>	PROMIS check completed (by member receiving application)	<input type="checkbox"/>	Unknown – New PROMIS ID:
		<input type="checkbox"/>	Known – PROMIS ID:
			Criminal / Traffic History: <input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, details,
		
			Involvements: <input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, details,
		
			Alerts / Warrants: <input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, details,
		
<input type="checkbox"/>	IJIS check completed (by member receiving application)	<input type="checkbox"/>	Unknown
		<input type="checkbox"/>	Known – IJIS ID:
			Criminal / Traffic History: <input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, details,
		
			Domestic Violence / Restraining Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, details,
		
			Other Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, details,
		
<input type="checkbox"/>	NEPI check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/>	Unknown
		<input type="checkbox"/>	Known, details,
		
<input type="checkbox"/>	NPRS check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/>	Unknown
		<input type="checkbox"/>	Known, details,
		

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

FPRU USE ONLY

APPROVED **NOT APPROVED**

Signature: Position/Rank: Date: / /