



NORTHERN TERRITORY POLICE

APPROVAL UNDER SECTION 13

OF THE

WEAPONS CONTROL ACT (Individual)

General Requirements

To qualify for an approval under the Northern Territory *Weapons Control Act*, you must provide to the Commissioners satisfaction that you:

- are a resident of the Northern Territory,
- prove your identity in accordance with requirements under the Financial Transaction Report Act (1988), which is the same standard which banks apply when you open a new account,
- can safely and securely store the Prohibited Weapon(s) or Body Armour,
- have a genuine reason/need to possess the Prohibited Weapon(s) or Body Armour.

The Commissioner cannot grant a licence to a person:

- who is not a fit and proper person to have access to Prohibited Weapon(s) or Body Armour,
- has been found guilty of an offence of violence within the last five years,
- has been found guilty of a disqualifying offence within the last ten years,
- is subject to, or has been subject to a Domestic Violence Order, in the Northern Territory or elsewhere, within the last five years,
- who is subject to an order, made in the Northern Territory or elsewhere, to keep the peace,
- who has an adverse criminal history, or a history of mental illness or incapacity, which could affect the persons fitness to hold a licence.

The *Firearms Act* and *Regulations* may provide other mandatory or discretionary grounds for refusing a licence.

INSTRUCTION PAGES FOR COMPLETING THIS APPLICATION

All parts must be completed or the application will not be accepted.

- The form is to be completed in black or blue pen **only**.
- Attach copies of any supporting documents securely to your Application with a staple, do not use pins.
- Your Application can be made at any Police Station.
- Your application must be accompanied by the required fee **(Cheques to be made payable to CRTM)
{Chief Receiver of Territory Monies}**
- Any queries? Contact the Officer in Charge, Firearms Policy and Records Unit, Northern Territory Police on Phone: (08) 8922 3543, Fax: (08) 8922 3540 or Email: FirearmsRegistry@pfes.nt.gov.au
- For questions requiring a Yes/No answer, please tick appropriate box.
- **Do not submit** original documents, as they will not be returned.

To be filed with Approvals Under the
Weapons Control Act

NORTHERN TERRITORY POLICE APPROVAL UNDER SECTION 13 OF THE WEAPONS CONTROL ACT (Individual)

POLICE USE ONLY	
Firearm Licence No:
Receipt No:
Fee Charged: \$

Application for approval to possess: 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: _____

Proof of Identity

You must provide sufficient documents to make 100 identification points in accordance with the *Financial Transactions Report Act (1988)*. Mark the documents you have and attach copies of the documents to your application.

PRIMARY FORMS OF IDENTIFICATION

- | | | | |
|--|----|---|----|
| <input type="checkbox"/> Passport | 70 | <input type="checkbox"/> Citizenship Certificate | 70 |
| <input type="checkbox"/> Birth Certificate | 70 | <input type="checkbox"/> Licence (i.e. Drivers / Firearm Licence) | 50 |
| <input type="checkbox"/> Employer ID Card | 25 | <input type="checkbox"/> Letter from current employer | 25 |
| <input type="checkbox"/> Rates Notice | 35 | <input type="checkbox"/> Credit Card / Bank Book | 25 |
| <input type="checkbox"/> Medicare Card | 25 | <input type="checkbox"/> Membership Card (Union / University) | 25 |

In the absence of primary forms of identification, the following is only acceptable at community level:

- | | |
|---|----|
| <input type="checkbox"/> Statutory Declaration from an officer employed by the Department of Health | |
| <input type="checkbox"/> Statutory Declarations from Community Council President giving name, date and place of birth | 50 |
| <input type="checkbox"/> Statutory Declarations from an Aboriginal Community Police Officer or local JP acknowledging name, date and place of birth | 50 |

Storage

Detail where the article(s) are going to be stored:

Details how the article(s) are going to be safely and securely stored:

Approval sought to possess 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"/>
		<input type="text"/>
		<input type="text"/>
<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"/>
		<input type="text"/>
		<input type="text"/>

If insufficient space, attach additional pages.

Reason for seeking approval

- Occupational purposes** Provide sufficient information and documentation to support the application, including the specific reasons for requiring the Prohibited Weapon or Body Armour, and how and where the articles are going to be utilised.
- Collection** Be a bona fide collector and demonstrate this by an existing collection, being a member of a collector's organisation, or by providing other evidence to the Commissioner's satisfaction.
- Other** Detail in a written submission, to the satisfaction of the Commissioner, a genuine reason to possess the Prohibited Weapon or Body Armour, and specify how and why it is going to be used.

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,
Printed Name of Witness Signature of Witness

Title of person witnessing Declaration Contact Number

Address

RECEIVING MEMBER TO COMPLETE

Before this application is forwarded to the Firearms Policy and Records Unit, ensure that the applicant has completed all relevant parts, and any supporting documentation is attached.

CHECK THE APPLICATION BY COMPLETING THE CHECKLIST BELOW.

- Has the applicant completed all parts of the form.
- Proof of Identity – meets the 100 point check.
- Genuine Reason – applicant has provided required information and supporting documentation.

Application accepted by:

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

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Reason Category:	
Reason Code:	
Condition Codes:	
Signature:	
Position/Rank:	
Date: / /	