

To be filed with Corporate / Museum  
Licences

**NORTHERN TERRITORY POLICE**  
*Firearms Act*

**APPLICATION FOR A SHOOTING GALLERY LICENCE**

**POLICE USE ONLY**

Firearm Licence No: .....  
Receipt No: .....  
Fee Charged: \$.....

Trading Name:			
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 Number: .....
Residential Address (Number, Street, Suburb):			Post Code:
Postal Address (PO Box Number, Town/City):			Post Code:
Drivers' Licence: State: ..... Number: .....		Interstate Shooters' Licence: State: ..... Number: .....	

Please tick  appropriate box

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 convicted or charged with any kind of offence, not involving minor traffic offences? (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?	<input type="checkbox"/> No <input type="checkbox"/> Yes Details, .....

Have you been found guilty of a disqualifying offence?  Yes  No

"DISQUALIFYING OFFENCE" Means any offence in which a firearm is implicated involving the use of force which, in the Territory or other jurisdiction in which it was committed, attracts a maximum penalty of imprisonment for seven years, or more, whether or not the person committing it was sentenced to imprisonment for that offence.

If "Yes" details (i.e. Court / date / offence / result): .....

**IF "YES", APPROVAL FROM SUPERINTENDENT REQUIRED BEFORE LICENCE ISSUED**

Details of firearms security: .....

I, the above named person hereby apply for a Shooting Gallery Licence. The gallery will be located, constructed and operated so that its proper use will not constitute a danger to those using it or to the public.

I, or a person of or above the age of 18 year will be present and in charge of the premises at all times the public have access to the facilities.

I certify that the above particulars contained in this application are true and correct. Signature of applicant:..... Date: ..... / ..... / .....	Declared at (Police Station): .....
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**PENALTY: \$5,000 OR 12 MONTHS IMPRISONMENT FOR FALSE STATEMENT**

**RECEIVING MEMBER TO COMPLETE**

Signature of member receiving application:	Member (printed):	Position / Rank:	Reg. No.:
.....	.....	.....	.....

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