

FPRU USE ONLY
File Date: / /

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

NORTHERN TERRITORY POLICE
Section 24 / 25A / 30 – *Firearms Act*
APPLICATION FOR – COLLECTORS / ANTIQUE / HEIRLOOM* - LICENCE

Note: A Collectors Licence will not be issued until premises is inspected and approval given on each new or reissue of licence application.

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

Please tick appropriate box

I hereby apply for a licence to deal in / store firearms of Categories: **A** **B** **C** **D** **H**

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,

1. I have resided in the NT for years. List addresses resided at for the past five years:
2. (a) Membership of any Shooting Clubs (include names and dates (if any)):
- (b) A letter outlining details of a thematic theme for the type of firearms they are seeking to collect (in the case of an Heirloom licence a letter outlining the firearm(s) significant historical or sentimental lineage to the applicant or the applicant's family) Attached: Yes No
3. As conditions apply to collecting firearms, I have conformed with Section 19 of the Firearms Regulations (firearms to be rendered temporarily or permanently incapable of firing) by:
4. The premises to be use is: rented leased my own property other (describe)
5. The premises is a permanent building: Yes No
6. I am / will be in charge of the premises upon the grant of the licence: Yes No
7. For the safekeeping of firearms, the premises have the following security arrangements (describe type and location)(in the case of an Antique or Heirloom licence outline details of how firearms are going to be stored in theme letter:
8. I have made a previous application relating to this Act: Yes No
9. I have never been refused, or had, a licence, permit or registration revoked relating to this act: Yes No
If yes, details,

I certify that the above particulars contained in this application are true and correct.	Declared at (Police Station):
Signature of applicant:..... Date: / /

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.:
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** Cross out which is not applicable*

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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**

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