



# NORTHERN TERRITORY POLICE

## APPLICATION FOR AN INSTRUCTORS LICENCE

Submit application in person to a Police Officer / Auxiliary – do not mail in

### General Licencing Requirements

To qualify for a licence under the Northern Territory *Firearms Act*, you must provide evidence to the Commissioners satisfaction that you:

- are at least 18 year of age,
- are a resident of the Northern Territory,
- prove your identity in accordance with requirements under the *Financial Transactions Report Act (1988)*, which is the same standard which banks apply when you open a new account,
- can meet the safe storage requirements under the *Firearms Act and Regulations*,
- have a genuine reason/need for holding a licence (for further information see Parts 4A and 4B),
- have undertaken an approved Firearm Safety and Training Course.

The Commissioner can not grant a licence to a person:

- who is not a fit and proper person to have access to firearms,
- has been found guilty of an offence of violence with 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 Territory or elsewhere, within the last five years,
- who is subject to an order made in the Territory or elsewhere, to keep the peace,
- who has an adverse criminal history, or a history of mental illness or incapacity, which could effect 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

There are **Six Parts** in the application form. **All parts must be completed** or the application will not be accepted. In Parts 4A, 4B and 4C complete the Parts applicable to you.

- 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](mailto:FirearmsRegistry@pfes.nt.gov.au)
- For questions requiring a Yes/No answer, please tick  appropriate box.
- **Do not send** original identification documents, as they will not be returned.

## Instructions to Complete Part 1 – Personal Details

- Enter your Surname, Given Name(s), Residential Address, Postal Address (if different from your residential address), Date and Place of Birth, Gender, NT Drivers Licence and contact Telephone numbers.
- If your Last Name is different from your birth certificate, enter details of previous Surnames (including maiden names) and attach copies of any documents supporting the change of name (i.e. Marriage certificate, deed poll, etc).

## Instructions to Complete Part 2 – Proof of Identity

Section 9 of the *Firearms Act* requires an applicant to prove your identity in accordance with requirements under the *Financial Transaction Report Act (1988)*, which is the same standard 100 point check which banks use when you open a new account. You must be able to produce sufficient documentation to satisfy this check.

Indicate which documents you have to satisfy this requirement and produce them to the Police Member accepting your application.

## Instructions to Complete Part 3 – Medical History

You must answer all the questions in this section. If you answer 'yes' to any of the questions in this section, you must supply a medical certificate/letter from your doctor regarding your suitability to hold a licence. Without this information, the Commissioner cannot make a proper assessment of your application.

If you have supplied this information for a previous application and you have not received treatment since then, you may submit a copy of the previous medical certificate of letter.

## Instructions to Complete Part 4A – Genuine Reason (Self-employed)

If you will be working as a firearm instructor for yourself, you must complete all the questions in this Part. This includes details of your business. The Firearms Instructors Licence allows you to possess and use firearms to deliver an approved firearms safety and training course. In addition to completing the Part, you will have to complete Part 4C, which ensures that the Commissioner of Police has approved the course you intend to deliver.

## Instructions to Complete Part 4B – Genuine Reason (Employment)

This Part applies if your employer employs you as a Firearms Instructor. Your employer must complete and sign this Part. Your employer should also supply you with a copy of the Commissioners approval for the firearms safety and training course that you will be delivering.

## Instructions to Complete Part 4C – Genuine Reason (Course)

All initial applicants for a Firearms Instructor Licence must complete this Part and attach a copy of the Commissioners approval for the firearm safety and training course that they will be delivering.

## Instructions to Complete Part 5 – Instructors Qualifications

All applicants must complete this Part and attach supporting documentation in respect to having successfully completed an instructional techniques course (i.e. Certificate IV in Workplace Training – Cat 2), and a firearm instructor's course.

Under the provisions of Regulation 11A, you cannot be issued a Firearm Instructors Licence without both qualifications.

## Instructions to Complete Part 6 - Declaration

Complete this part and have it witnessed by a Justice of the Peace, a Commissioner of Oaths or a member of the Police Force.

To be filed with Instructors Licences

# NORTHERN TERRITORY POLICE

## APPLICATION FOR AN INSTRUCTORS LICENCE

(Please refer to instruction sheet when completing this application)

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

### PART 1 (Personal Details)

<b>Surname / Last Name:</b>			
<b>First Given Name:</b>		<b>Second Given Name(s):</b>	
<b>Place of Birth:</b>		<b>Date of Birth:</b>	/ /
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>			
<b>Residential Address:</b>			
<b>Postal Address:</b>			
<b>Contact Phone Numbers:</b>	Home:	Mobile:	Work:
<b>Occupation:</b>		<b>Employer:</b>	
<b>Business Address:</b>			
<b>Drivers Licence Number:</b>		<b>State:</b>	
<b>Firearm Licence Number:</b>		<b>State:</b>	

**Is the Surname used on this application different from the surname on your birth certificate?**  Yes  No

**Reason for change:**

If you have not previously been issued a licence in the Northern Territory under this name you must include documentation to support the change of surname (i.e. Marriage certificate / deed poll etc)

**Documents attached:**  Yes  No (If the documents are not attached, your application will not be accepted)

### PART 2 (Proof of Identity)

**You must provide sufficient documents to make 100 identity points. Mark the documents you have and produce the documents at the time of lodging your application.**

#### PRIMARY FORMS OF IDENTIFICATION

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

## PART 3 (Medical History)

Have you ever been treated for:

Psychiatric or emotional problems?

Yes

No

Alcohol or Drug related problems?

Yes

No

Serious impairment of eyesight?

Yes

No

Fits / Dizziness / Blackouts?

Yes

No

Head Injuries?

Yes

No

If you answer 'Yes' to any of the above, you must supply a medical certificate or report from the doctor who treated you or is familiar with your condition, indicating your suitability to hold a firearms licence and possess firearms.

## PART 4A (Genuine Reason – Self-employed)

As a firearm instructor, will you be self-employed?

Yes

No

If you answered 'Yes' to the above question, you must complete the remainder of this Part, otherwise proceed to Part 4B.

Name of your Business:

Business address:

Contact Phone Numbers: Phone:

Facsimile:

Mobile:

ABN Number:

Email:

Are you a Registered Training Provider?

Yes

No

If 'Yes' please provide your Provider Number:

## PART 4B (Genuine Reason – Employed Instructor)

Are you intending to work as a firearm instructor on behalf of your employer?

Yes

No

If you answered 'Yes' to the above question, your employer must complete the remainder of this Part.

I,

Full name of Employer

Trading as:

Business Name

Being the holder of a Corporate Licence Number

issued under the Firearms Act, for firearm

Categories

A

B

C

D

H

that has been issued for the purpose of delivering

an approved Firearm Safety and Training Course hereby declare that I will be employing the applicant

as a Firearm Instructor.

Full name of applicant

Declared at,

(Location where form signed by licensee)

Signature of Employer:

Date:

/ /

## PART 4C (Genuine Reason)

Has the Commissioner of Police (NT) approved the course that you intend to instruct as an approved Firearm Safety and Training Course?  Yes  No

If you answered 'Yes' to the above question, you must attach a copy of the Commissioners approval to this application. A complete copy of any approved course is to be lodged with the Firearms Policy and Records Unit.

## PART 5 (Instructors Qualifications)

Have you successfully undertaken an instructional techniques course that is accredited by the Australian National Training Authority?  Yes  No

If you answered 'Yes' to the above question, you must attach a copy of the Course Certificate to this application.

Have you successfully undertake a Firearm Instructors Course?  Yes  No

If you answered 'Yes' to the above question, you must complete the remainder of this Part.

Name of Course(s):

When completed:

Run by:

Categories of firearms covered:  A  B  C  D  H

Attach to this application, copies of any certificates issued on successfully completing the above course(s).

If there is insufficient space to enter all the details of the course(s) you have undertaken, please attach detail/certificates to the application form.

## PART 6 (Declaration)

### PRIVACY DISCLAIMER

Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form, Firearms Instructors Licence Application, 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, licencing, 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, \_\_\_\_\_  
(Full name of person making application)

of, \_\_\_\_\_  
(Residential address)

solemnly and sincerely 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, \_\_\_\_\_

## RECEIVING MEMBER TO COMPLETE

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

### CHECK THE APPLICATION BY COMPLETING THE CHECKLIST BELOW.

- Has the applicant completed all parts of the form.
- Change of Name – attached documentation (if applicable).
- Proof of Identity – 100 point check – checked in PROMIS and IJIS (Criminal History and Involvements).
- Medical History – if applicant has answered yes to any question, don't accept application unless the applicant has included a letter from their doctor.
- Genuine Reason – applicant has provided required information and supporting documentation.
- Any INITIAL applicant has attached documentation to establish that they have undertaken an Instructions Techniques Course and have a complete copy of an NT approved course attached.
- Applicant has attached documentation to establish that they have undertaken a Firearm Instructors Course.

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**

**APPROVED**       **NOT APPROVED**

**Reason Category:** ..... **Reason Code:** .....

**Condition Codes:** .....

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