

NORTHERN TERRITORY POLICE

Section 9(2)(b) – Firearms Act

PROOF OF IDENTITY

Please tick appropriate box

Name of Applicant:

Firearms Licence Number: Date of Birth: / /

New Licence applicant: Yes No

PLEASE INDICATE ITEMS SUBMITTED TO EQUAL 100 POINTS

| Primary Identification | Score | Tick ✓ |
|---|-------|--------|
| • Passport* | 70 | |
| • Citizenship Certificate* | 70 | |
| • Birth Certificate* | 70 | |
| Licence issued under a law (e.g. driver's licence. Current gun licence) | 50 | |
| Employment ID: | | |
| • ID card issued by employer (name and address only) | 35 | |
| • ID issued by employer (name only) | 25 | |
| Letter from employer (within last two years) | | |
| • Confirming name and address | 35 | |
| Rates notice | 35 | |
| Credit/Debit Cards/Passbooks (only one allowed per institution) | 25 | |
| Medicare Card | 25 | |
| Membership Card | | |
| • Club, union or trade, professional bodies | 25 | |
| • Educational institution | 25 | |
| Children Under 18 years (any one of the following) | | |
| • Birth Certificate | 100 | |
| • Passport | 100 | |
| • Written statement signed by a Principal Officer confirming attendance at an educational institution on a letterhead of that institution | 100 | |
| Recent Arrival in Australia (less than six weeks) | | |
| • Passport | 100 | |

**only one allowed per application*

ONLY IN THE ABSENCE OF THE PRIMARY FORMS OF IDENTIFICATION ABOVE WILL THE FOLLOWING BE ACCEPTED AT A LOCAL COMMUNITY LEVEL – NOT ACCEPTED AT A MAJOR CENTRE WHERE THE APPLICANT IS UNKNOWN TO THE PERSON PROCESSING APPLICATIONS:

| | Score | Tick ✓ |
|---|-------|--------|
| Statutory Declaration from an officer employed by the Department of Health (i.e. Sister-in-Charge) giving name, date of birth and place of birth of applicant | 50 | |
| Statutory Declaration from Community Council President giving name, date of birth and place of birth of applicant | 50 | |
| Statutory Declaration from Aboriginal Community Police Officer or local JP acknowledging name, date of birth and place of birth | 50 | |

(APPLICANT REQUIRES TOTAL OF 100 POINTS)

RECEIVING MEMBER TO COMPLETE

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