



NORTHERN TERRITORY POLICE

APPLICATION FOR A

PAINTBALL OPERATORS LICENCE

Purpose of a Paintball Operator Licence

A paintball operator licence authorises the holder, and the representative, to possess and use paintball firearms and pellets for carrying on the business of paintball operator at the paintball range specified in the licence.

General Licencing Requirements

To qualify for a Paintball Operator Licence under the Northern Territory *Firearms Act*, the Company must provide evidence to the Commissioners satisfaction that:

- the Company intends to operate a paintball business in the Northern Territory,
- the Company is a proprietary limited company registered under the *Corporations Act (2001) (Cth)* and has been issued with an Australian Company Number (ACN),
- the Company has nominated a suitable Representative to the Commissioner,
- the Company has provided the Commissioner the names and addresses of each person who is a close associate of the company and the particulars of the person associated with the applicant,
- the Company can meet the safe storage requirements under the *Firearms Act* and *Regulations* for the storage of any firearms and ammunition held on this licence,
- the Company has proof of a public liability insurance policy in accordance with Regulation 39C of the *Firearms Regulations*,
- the Company has in place the required approvals required under Territory law to construct and operate the paintball range at the nominated location.

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

INSTRUCTION PAGES FOR COMPLETING THIS APPLICATION

There are **Eight Parts** in the application form. **All parts must be completed** or the application will not be accepted.

Parts 1, 2, 4, 5, 6, 7 and 8 must be completed and signed to the Director of the Company.
Parts 3A, 3B, 3C and 3D must be completed and signed by the Representative.

- 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}**
- A Paintball Operator Licence is valid for 1 year from the date of issue.
- 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.

Instructions to Complete Part 1 – Company Details

- Enter your Company Name, ACN number, the registered company address and postal address (if different from your Company address), and contact telephone numbers for the director of the company.
- Where the Company trades under a business name, provide the Trading Name, and Australian Business Number (if applicable).

Instructions to Complete Part 2 – Principal Directors Details

- Enter your personal details as the Director of the Company: Surname, Given Name(s), Residential Address, Postal Address (if different from your residential address), Date and Place of Birth, Gender and Contact Telephone Numbers. Details for co-directors should be added in Part 3 – Close Associates.

Instructions to Complete Part 3A – Representative of the Company

- Enter the personal details of the Representative of the Company: Surname, Given Name(s), Residential Address, Postal Address (if different from your residential address), Date and Place of Birth, Gender and Contact Telephone Numbers.

Instructions to Complete Part 3B – Principal Representative – Medical History

- The Representative must provide the information to the questions contained in this Part. Should the Representative have been treated for any of the conditions listed, they must supply a medical certificate or report from the doctor who treated them, or a doctor who is familiar with their condition, indicating their suitability to hold a firearms licence and possess firearms.

Instructions to Complete Part 3C – Company Representative – Proof of Identity

- The Representative must supply sufficient documentation to make 100 identity points under the *Financial Transactions Report Act (1988)* as you would to open a bank account. Indicate on the application the documentation you will provide and produce the documents at the time of lodging your application.

Instructions to Complete Part 3D – Company Representative - Declaration

- The Representative must complete the Declaration to the effect that the information that they have supplied in Part 2 of this application is true and correct.

Instructions to Complete Part 4 – Close Associates of the Company

- Enter the Close Associates personal details: Surname, Given Name(s), Residential Address, Postal Address (if different from your residential address), Date and Place of Birth, Gender and Contact Telephone Numbers.

Under Section 3(3A) of the *Firearms Act*, a Close Associate is defined:

(3A) For the purpose of this Act, a person is a close associate of an applicant for, or the holder of, a firearms dealer licence or paintball operator licence or permit if the person-

(a) holds or will hold any relevant financial interest, or is or will be entitled to exercise any relevant power (whether in his or her own right, on behalf of any other person or for the benefit of any other person), in the business of the applicant or holder and, by virtue of that interest or power, is or will be able to exercise a significant influence over, or with respect to, the conduct or control of that business; or

(b) holds or will hold any relevant position (whether in his or her own right, on behalf of any other person or for the benefit of any other person) in the business of the applicant or holder.

(3B) In subsection (3A)-

“relevant financial interest”, in a business, means-

(a) any interest in or entitlement to the capital or assets of the business, including any interest of entitlement where the business is carried on under a trust; or

(b) any entitlement to receive any income derived from the business, whether the entitlement arises at law or in equity or otherwise;

“relevant position”, in a business, means a position whose holder participates in or is entitled to participate in the management of the business (whether in the capacity of a director, manager, secretary, partner or in any other capacity);

“relevant power”, in a business, means any power, whether exercisable by voting or otherwise and whether exercisable alone or in association with others-

(a) to participate in any managerial or executive decision about the business; or

(b) to elect or appoint any person to any relevant position in the business.

Instructions to Complete Part 5 – Nominated premises for the operation of a paintball range

- The applicant must provide the address for the location where the paintball range is to operate.
- The applicant must provide documentary evidence that the construction and operation of a paintball range is permitted under Territory law, this could include local council/shire approval, approval from the Development Consent Authority or other agencies as required.
- The paintball range must be constructed to the required standards that are detailed in the Range Standards Manual approved by the Commissioner. The standards for paintball ranges can be obtained from the Officer in Charge of the Firearms Policy and Records Unit and the applicant should submit draft plans for approval prior to commencing construction of a range or playing fields.
- Any buildings, structures and/or fixtures must be constructed in accordance with Territory law. The applicant will have to provide evidence of building approvals, fire safety audit and occupancy certificates when requesting the range facility is inspected for approval.

Instructions to Complete Part 6 – Firearm Storage arrangements

- Enter the required details of how and where the Company will store the paintball firearms and ammunition held on this licence.

Instructions to Complete Part 7 – Employees of the Company

- Enter the Employees (or prospective Employees) personal details: Surname, Given Name(s), Residential Address, Postal Address (if different from your residential address), Date and Place of Birth, Gender and Contact Telephone Numbers.

Instructions to Complete Part 8 – Declaration

- Complete this part and have it witnessed by a Justice of the Peace, a Commissioner for Oaths or a member of the Police Force.
- A false or misleading statement in the application is an offence under Section 89(1) of the *Firearms Act*.
- The outcome of these checks may preclude the Police Commissioner from granting the Licence or permitting certain individuals from being Representative of the Company.

To be filed with Paintball Operators
Licences

NORTHERN TERRITORY POLICE

APPLICATION FOR A PAINTBALL OPERATORS LICENCE

POLICE USE ONLY

Firearm Licence No:

Receipt No:

Fee Charged: \$.....

(Please refer to instruction sheet when completing this application)

PART 1 (Company Details)

Company Name:

ACN Number:

Company Address:

Postal Address:

Contact Phone Numbers: BH:

AH:

Fax:

Email Address:

Web Address:

Trading Name:

ABN Number:

Business Address:

Postal Address:

Contact Phone Numbers: BH:

AH:

Fax:

PART 2 (Primary Company Directors Details)

Details for co-directors should be added in Part 3 – Close Associates.

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:

PART 3A (Company Representative – Personal Details)

This Part should be completed by the person who will act as the Representative of the Company in accordance with Section 9(9)(b)(i) of the *Firearms Act*.

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

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, the application cannot be approved)

Do you (the 'Representative') hold a current Firearm Licence issued under the *Firearms Act*? Yes No

If the answer to the above question is 'Yes', write your Licence number in the space provided.

Firearm Licence Number:

PART 3B (Medical History)

Have you ever been treated for:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| A psychiatric or emotional illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol or Drug related problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Serious impairment of eyesight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fits / Dizziness / Blackouts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head Injuries? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 a doctor who is familiar with your condition, indicating your suitability to hold a firearms licence and possess firearms.

PART 3C (Proof of Identity)

You must provide sufficient documents to make 100 identity points in accordance with the *Financial Transactions Report Act (1988)*. 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	<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

PART 3D (Declaration by Representative)

PRIVACY DISCLAIMER

Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form, Paintball Operator 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 firearm 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 licences, permits, and firearm registrations. 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 being nominated as a Representative of the Company)		
of,			
	(Residential address)		
declare that all the particulars in Part 2 of this document are true and correct. I supply this information under the <i>Firearms Act</i> and acknowledge that to make a statement that is false or misleading in an application is an offence under <i>Section 89(1)</i> of that Act.			
Signature of Applicant:		Date:	/ /
Declared at,			
Before me,			
	Printed Name of Witness	Signature of Witness	
	Title of person witnessing Declaration (See notes in Part 8 of the instructions as to whom can witness this Declaration)	Contact Number	
	Address		

PART 4 (Close Associates)

Carefully read instructions that relate to this question before completing this section.

Surname / Last Name:					
First Given Name:		Second Given Name(s):			
Place of Birth:		Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address:					
Postal Address:					
Contact Phone Numbers: Home:		Mobile:		Work:	
Relationship to Company:					
<small>Nature of the person's association with the applicant</small>					

Surname / Last Name:					
First Given Name:		Second Given Name(s):			
Place of Birth:		Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address:					
Postal Address:					
Contact Phone Numbers: Home:		Mobile:		Work:	
Relationship to Company:					
<small>Nature of the person's association with the applicant</small>					

Surname / Last Name:					
First Given Name:		Second Given Name(s):			
Place of Birth:		Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address:					
Postal Address:					
Contact Phone Numbers: Home:		Mobile:		Work:	
Relationship to Company:					
<small>Nature of the person's association with the applicant</small>					

Please attach additional pages providing the required information if there is insufficient room to list all the Close Associates of the Company.

PART 5 (Nominated premises for paintball range)

Type of Paintball Range: Indoor Outdoor Open Outdoor Enclosed

Physical Address:

Tenancy Status: Owned by company Leased Premises (Term of lease years)

Number of playing fields to be contained within the paintball range complex:

Is this an existing paintball range already subject to an approval issued by the Commissioner? Yes No

For all new paintball ranges, a separate detailed submission will have to be lodged by the Company in accordance with Chapter 9 of the Range Standards Manual.

PART 6 (Firearm storage arrangements)

Will the Paintball Operator be storing firearms and ammunition at the paintball range? Yes No

Please detail what type of cabinet(s) / safe(s) or alternative storage arrangements you have and where these are located?

At the time of making a new or reissue of licence application for a Paintball Operators Licence, or after any change to storage arrangements since they were last inspected and approved by Police, or after a change of address, a Member of the Police Force must inspect the storage facilities.

I,
(Company Director or Company Representative)

consent to the Businesses storage facilities being inspected by a Member of the Police Force to ensure that the facilities comply with the requirements of the *Firearms Act and Regulations*.

Please contact me on or to arrange a suitable inspection time.

Date: / /

(Signature of Company Director or Company Representative)

PART 7 (Employees)

These details are only required for person who will operate on the paintball range and playing fields, and who require the issue of a Paintball Employees Licence.

Surname / Last Name:					
First Given Name:		Second Given Name(s):			
Place of Birth:		Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address:					
Postal Address:					
Contact Phone Numbers: Home:		Mobile:		Work:	
<hr/>					
Surname / Last Name:					
First Given Name:		Second Given Name(s):			
Place of Birth:		Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address:					
Postal Address:					
Contact Phone Numbers: Home:		Mobile:		Work:	
<hr/>					
Surname / Last Name:					
First Given Name:		Second Given Name(s):			
Place of Birth:		Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address:					
Postal Address:					
Contact Phone Numbers: Home:		Mobile:		Work:	
<hr/>					
Surname / Last Name:					
First Given Name:		Second Given Name(s):			
Place of Birth:		Date of Birth: / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Residential Address:					
Postal Address:					
Contact Phone Numbers: Home:		Mobile:		Work:	

Please attach additional pages providing the required information if there is insufficient room to list all the Employees of the Company.

PART 8 (Declaration)

PRIVACY DISCLAIMER

Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form, Paintball Operator 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 firearm 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 licences, permits, and firearm registrations. Failure to provide this information in full or in part may result in your application not being processed or being refused.

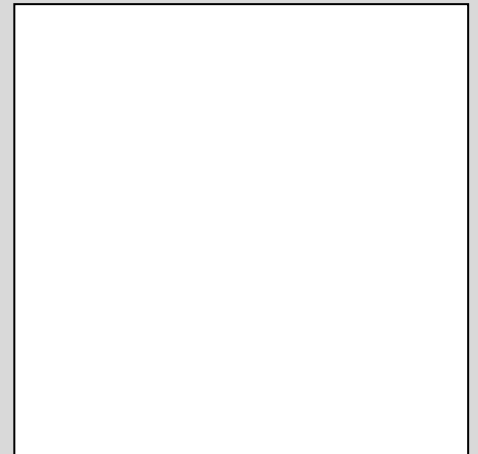
You can access your personal information provided on this form. If you have any queries or wish to access this information please contact NTPFES by phoning 08 8999 5511 (NT Government Switch).

I,
(Company Director)

of,
(Company Address)

declare that all the particulars in this document are true and correct. I make this application under the *Firearms Act* and acknowledge that to make a statement that is false or misleading in an application is an offence under *Section 89(1)* of that Act.

Signature of Applicant: Date: / /



(Affix Company Seal here)

Declared at,

Before me,
Printed Name of Witness Signature of Witness

Title of person witnessing Declaration Contact Number

(See notes in Part 8 of the instructions as to who can witness this Declaration)

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.
- Company Certificate or Extract.
- Business Registration or Extract.
- Company Representative has completed Part 3 in full.
- Change of Name (Company Representative) – attached documentation (if applicable).
- Proof of Identity (Company Representative) – meets the 100 point check (as applicable).
- Medical History (Company Representative) – if applicant has answered yes to any question, don't accept application unless the applicant has included a letter from the doctor (if applicable).
- Company Representative has signed Declaration in Part 3D.
- Part 6 – Firearm storage arrangements – has been completed and the applicant has signed the consent for an inspection of premises to take place.
- A PROMIS identity has been created for the organisation and the application has been added to SAFER.

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: / /	