



Northern Territory
Police Force

Application for Category H Sports Shooter's Licence/Permit

Northern Territory Firearms Act 1997

Read the instructions attached before completing the form.

To be lodged in person at a Northern Territory (NT) police station

Police use only

NT Firearms Licence no:

Fee:

Receipt no:

Date:

SerPro no:

Section 1: Licence type **see note*

Licence type

Category H Sports Shooter's Permit

Category H Sports Shooter's Licence

Note: Applicants must have held a Category H Sports Shooter's Permit (for at least 3 months) prior to applying for a Category H Sport Shooter's Licence.

Section 2: Personal details *see note*

Name

Family name:

Given name/s:

Middle name/s:

Preferred name:

Gender: Female Male Unspecified

Date of birth:

Place of birth: Town:

State:

Country:

Previous/other name (if applicable)

Have you been known by another name? Yes No

If Yes, provide details below

Surname:

Given name/s:

Type of change: (Marriage, alias etc.)

Surname:

Given name/s:

Type of change: (Marriage, alias etc.)

Address details

Current residential address:

Current postal address:

Contact details

Home phone number:

Mobile phone number:

Email address:

Preferred method of contact: Phone Mobile Email

Note: You must be a permanent resident of the NT to be eligible for a NT firearms licence and must provide proof of residency.

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Section 3: Licence details

Licence details			
Driver licence number:		Current firearms licence number:	
State:	Expiry date:	State:	Expiry date:

Section 4: Employment details

Employment details	
Employer's name:	Applicant's occupation:
Employer's phone number:	Employer's mobile number:
Employer's address:	
Employer's email:	

Section 5: Firearm club

Firearm club detail	
Name of club:	Membership number:
Membership join date:	

Section 6: Firearm safety and training course **see note*

Firearm safety and training course	
Has applicant undergone a Firearm Safety and Training Course:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Not required for Category H Sports Shooters Permit.

Section 7: Storage and safekeeping of firearms *see note* (Please tick appropriate box)

Storage details
<input type="checkbox"/> Self-storage (Category H if previously inspected) (Attach PF491 Self declaration for storage/safekeeping of firearms)
<input type="checkbox"/> Self-storage (Category H) (Attach PF482 Permission to inspect premises (First time applicants/new safe/new location))
<input type="checkbox"/> Storage with the dealer or another licence holder (Attach PF492 Permission to store firearms notice)
<input type="checkbox"/> Self audit of firearms – if you hold an existing licence and own firearms

Note: Not required for Category H Sports Shooters Permit as an applicant cannot purchase a firearm under this permit.

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Section 8: Information disclosure **see note* (Please tick appropriate box)

Failure to disclose information may result in refusal of this application (if unsure select "yes")		
Do you have, or have you ever had, a domestic violence order or other similar restraining order issued against you? (including interstate and overseas)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been refused a firearms licence or permit or had a firearms licence or permit suspended, revoked, or cancelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever appeared before a court of law, panel or judicial body of any kind, charged with any offence (regardless of the outcome)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Do you have any charges presently before a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever suffered from a diagnosed mental health disorder e.g. chronic depression, PTSD? <small>(If Yes please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever threatened or attempted self-harm? <small>(If Yes, please provide a report from your treating psychiatrist in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Do you have any physical or mental illness, condition or disorder which may render you unfit to possess a firearm? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for alcohol or drug related problems? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for serious impairment of eyesight? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Is there any other information that may assist in the determination of your application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		

Note: Medical reports must state that the treating doctor or psychiatrist "does not consider the applicant to be a risk to themselves or others if granted a

Section 9: Privacy disclaimer and declaration

Privacy disclaimer	
<p>The Northern Territory Police Force (NTPF) is collecting information from your application to ensure compliance with legislation. This collection is authorised and required by the NT <i>Firearms Act 1997</i> and NT <i>Firearms Regulations 1997</i>.</p> <p>Through national agreements the NTPF will provide this information to other agencies. Failure to provide this information in full or in part may result in refusal of your application.</p> <p>You can access your personal information provided on this form. If you have any queries or wish to access this information, please contact NTP by phoning 08 8922 3543.</p>	
Declaration	
<p>I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the NT <i>Firearms Act 1997</i> and acknowledge that a false statement in an application is an offence under Section 89 of that Act.</p> <p>Applicant signature: _____ Date: _____</p> <p>Applicant full name: _____</p>	Declared at (place)

Penalty: 100 penalty units or imprisonment for 2 years for false or misleading statements

Firearms ownership is not a right, it's a responsibility

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Police use only		
Checklist		
<input type="checkbox"/> Application completed and signed		
<input type="checkbox"/> New photograph taken		
<input type="checkbox"/> Firearm training and safety certificate attached, or <i>(not required for Sports Shooters Permit)</i>		
<input type="checkbox"/> Proof of identity		
<input type="checkbox"/> Evidence of NT residency		
<input type="checkbox"/> Certificate of Firearm Club Membership - PF474A <i>(required for Sports Shooters Permit)</i>		
<input type="checkbox"/> Certificate of Firearm Club Membership - PF474B <i>(Required for Licence only)</i>		
<input type="checkbox"/> 2 character references from persons who have known the applicant for at least 2 years <i>(Required for Sports Shooter's Permit only)</i>		
<input type="checkbox"/> Record or participation OR letter of explanation as per record of participation (if required)		
<input type="checkbox"/> Permit has been held for a least 3 months		
<input type="checkbox"/> Storage and safekeeping form (Category H Sports Shooter's)		
<input type="checkbox"/> Documents relating to Information disclosure section (if appl		
<input type="checkbox"/> Application entered on SaFER		
Receiving member to complete		
Member name (Print):	Signature of member receiving application:	Date received:
Position/Rank:	Police station received at:	
Reg. no:		

Note: Ensure application is uploaded in applicant's SaFER document folder