



Read the instructions attached before completing the form.

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

Your current firearm licence must be sighted with this
application. A separate fee is required for each firearm to
be acquired.

Police use only

NT Firearms licence no:

Fee:

Receipt no:

Date:

SerPro no:

Firearm sighted: Yes No

Sighted by:

Purchase permit no:

Section 1: Firearms category **see note* (Please tick appropriate boxes)

Category of firearm intended to acquire

Recreational Shooting and/or Hunting or Sports Shooting

A

B

C

Note: Applications for Category C firearms may be required to provide additional information to establish a genuine need.

Section 2: Genuine reason

Genuine reason

Recreational shooting or hunting

Sports shooting

Note: Genuine reason of Sports shooting require the applicant to complete and attach a Certificate of firearm club membership – PF474

Section 3: Personal details

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

Section 4: Licence details**Licence details**

Driver licence number:

Current Firearms licence no:

State:

Expiry date:

State:

Expiry date:

Section 5: 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 6: Type of purchase or transfer **see notes***Type of permit****Purchase permit** NT Dealer purchase

NT Dealers name:

NT Dealers licence no:

 Private purchase

Sellers licence no:

Sellers name:

State/Territory:

Sellers signature:

Date purchased:

 Interstate dealer purchase

Interstate dealer/Sellers licence no:

Interstate dealer/Sellers name:

State/Territory:

 Interstate transfer (Firearms transfer between other State/Territory to Northern Territory)

Interstate licence no:

State/Territory:

Note: A copy of the Interstate Registration Certificate should be attached to avoid delays in processing. Overseas purchase /
acquisition

Details:

Note: For overseas purchase attach 'Application for Police Authorisation' – B709 to complete the application.

| Transfer permit | | |
|---|--------------------|------------------|
| <input type="checkbox"/> Deceased estate | Name: | |
| | Licence no: | State/Territory: |
| <i>Note: A Statutory Declaration or a letter from the Executor of the Estate / Public Trustee must be attached.</i> | | |
| <input type="checkbox"/> Ownership transfer | From Licence type: | To Licence type: |
| | Licence no: | Licence no: |
| <i>Note: This transaction is charged as a transfer, not a purchase (e.g from a personally held firearms licence to a corporate licence) and must be the same individual (legal owner of the firearm/s in both the disposing and receiving licence).</i> | | |

Section 7: Reason for purchase **see notes*

| Reason for purchase |
|------------------------|
| Brief description only |

Note: Applications for Category C firearms may be required to provide additional information to establish a genuine need

Section 8: Particulars of firearm intending to acquire or purchase **see note*

| Cat | Make/Brand | Model | Serial no | Action | Caliber (e.g. 300 Win Mag) | Cap |
|-----|------------|-------|-----------|--------|----------------------------------|-----|
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Note: A private sale must always provide the serial number.

Section 9: Storage address

| Storage details |
|--|
| My storage/security facilities are located (Provide full address including post code): |

Section 10: Information disclosure *see notes (Please tick appropriate box or boxes)

| Failure to disclose information may result in refusal of this application | | |
|--|------------------------------|-----------------------------|
| 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? | <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? (If Yes please provide a report from your treating General Practitioner in support of your application) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Have you ever threatened or attempted self-harm? (If Yes, please provide a report from your treating psychiatrist in support of your application) * | <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? (If Yes, please provide a report from your treating General Practitioner in support of your application) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Have you ever been treated for alcohol or drug related problems? (If Yes, please provide a report from your treating General Practitioner in support of your application) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Have you ever been treated for serious impairment of eyesight? (If Yes, please provide a report from your treating General Practitioner in support of your application) * | <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 Firearms collectors or antique licence".

Section 11: Privacy disclaimer and declaration

Privacy disclaimer

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 *Firearms Act 1997* and NT *Firearms Regulations 1997*.

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.

You can access your personal information provided on this form. If you have any queries or wish to access this information, please contact NTPF by phoning 08 8922 3543.

Declaration

I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the NT *Firearms Act 1997* and acknowledge that a false statement in an application is an offence under Section 89 of that Act.

Declared at (place)

Applicant signature: _____ Date: / /

Applicant full name: _____

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

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

| Police use only | | |
|--|--|----------------|
| Receiving member to complete | | |
| Checklist | | |
| <input type="checkbox"/> Application completed and signed | | |
| <input type="checkbox"/> Proof of Identity | | |
| <input type="checkbox"/> Evidence of Residency | | |
| <input type="checkbox"/> Deceased estate documentation (if applicable) | | |
| <input type="checkbox"/> Certificate of firearm club membership – PF474 (Sports shooting) | | |
| <input type="checkbox"/> Interstate registration documents (if applicable) | | |
| <input type="checkbox"/> B709 - Application to import firearms and weapons form (overseas purchases) | | |
| <input type="checkbox"/> Documents relating to Information disclosure section (if applicable) | | |
| <input type="checkbox"/> Application entered on SaFER | | |
| Receiving member details | | |
| Member name (Print): | Signature of member receiving application: | Date received: |
| Position/Rank: | Police station received at: | |
| Reg. no: | | |

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