



Application for Firearms Purchase or Transfer Permit - Individual

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

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 #:

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: . An application for category C firearm MUST provide supporting documentation (statement of need/reason).

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 Purchase Category C-
PF474D*

Section 3: Firearms ownership

Do you currently own a category A and/or B firearm and are applying to acquire another firearm of the same
type?

☐ Yes

☐ No

Note: If you have an urgent need to acquire a firearm and have selected yes, please contact the Firearms Registry at FirearmsRegistry@pfes.nt.gov.au

Section 4: 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.)

Application for Firearms Purchase or Transfer Permit - Individual

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 5: Licence details

Licence details

Driver licence number:

Current Firearms licence number:

State:

Expiry date:

State:

Expiry date:

Section 6: 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 7: 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 number:

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 a 'Application for Police Authorisation' - B709 must be completed and submitted the application.

Transfer permit

☐ Deceased estate

Name:

Licence no:

State/Territory:

Note: A Statutory Declaration or a letter from the Executor of the Estate / Public Trustee must be attached.

☐ Ownership transfer

From
Licence type:

Licence no:

To
Licence type:

Licence no:

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).

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

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 (Select Yes if unsure)		
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, threatened or attempted self-harm? (If Yes please provide a report from your treating GP/Psychiatrist/Psychologist in support of your application) *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Do you have any physical 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 GP or Specialist 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 medical practitioner, psychiatrist or psychologist "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.

Applicant signature: _____ Date: / /

Applicant full name: _____

Declared at (place)

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

Application for Firearms Purchase or Transfer Permit - Individual

Police use only		
Checklist		
<input type="checkbox"/> Application completed and signed		
<input type="checkbox"/> Proof of Identity (100 points required)		
<input type="checkbox"/> Evidence of NT Residency		
<input type="checkbox"/> Deceased estate documentation (if applicable)		
<input type="checkbox"/> Certificate of firearm club membership – PF474D (Sports shooting – Category C only)		
<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