



Application for Firearms Employee Licence

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: 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: ☐ Mobile ☐ Email ☐ Home phone

Section 2: Licence details

Licence details

Driver licence number:

State:

Expiry date:

Current firearms employee licence no:

State:

Expiry date:

Section 3: 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 4: Firearm category **see note* (Please tick ☒ appropriate box)

Category of firearm you are seeking in this licence				
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> H

Note: Paintball employees are only eligible to apply for a category C firearm

Section 5: Employer endorsement **see note*

Employer details	
Business representative name:	
Business name:	Corporate licence number:
Require	(Employee name)
To have in their possession whilst employed by my company as,	(Employee occupation)
for the firearm categories: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H	
All firearms used by this person (as selected above) will be registered to the company and will only be used in conjunction with their employment.	

Note: Employer must select one or more categories of firearms. Access to firearms listed under the Corporate/Museum Licence will be based on categories selected on application.

Section 6: Employer's declaration

Employer's declaration
Employer's must attach a letter on company letterhead providing information detailing the duties of the employee and the need to possess/use each different category of firearm applied for.
Include the following declaration, signed and dated.
<i>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 to make a false statement in an application is an offence under Section 89 of that Act.</i>

Section 7: Training courses **see note*

Firearm training courses	
Applicant has undergone a Firearm Training and Safety Course:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant has a current First Aid certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant undergone a Paintball Safety Course:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: An existing FTSC remains valid unless the Employee Licence is allowed to expire, otherwise a new FTSC must be completed. Employees of security firms must provide evidence of completing a first aid course.

Section 8: Information disclosure **see note* (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 e.g. chronic depression, PTSD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes please provide a report from your treating General Practitioner in support of your application) *		
If Yes, please provide details:		
Have you ever threatened or attempted self-harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes, please provide a report from your treating psychiatrist in support of your application) *		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes, please provide a report from your treating General Practitioner in support of your application) *		
If Yes, please provide details:		
Have you ever been treated for alcohol or drug related problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes, please provide a report from your treating General Practitioner in support of your application) *		
If Yes, please provide details:		
Have you ever been treated for serious impairment of eyesight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes, please provide a report from your treating General Practitioner in support of your application) *		
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 licence".

Section 9: 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**Checklist**

- | | |
|--|--|
| <input type="checkbox"/> Application completed and signed | |
| <input type="checkbox"/> New photograph taken | |
| <input type="checkbox"/> Firearm Training and Safety certificate attached | |
| <input type="checkbox"/> Proof of Identity | |
| <input type="checkbox"/> Signed letter from the employer including the declaration specified in section 6 of the application | |
| <input type="checkbox"/> First aid certificate (Security officer) | |
| <input type="checkbox"/> Letter of legal counseling (Security officer - completed within 12 months) | |
| <input type="checkbox"/> Documents relating to Information disclosure section (if applicable) | |
| <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 the applicant's SaFER document folder