



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: Business details

Business details	
Business name:	Dealers firearm licence no:
Business phone number:	Business mobile number:
Business email:	
Business address:	
Postal address:	
ABN:	ACN:

Section 2: Business representative details **see note*

Business representative details			
Position:			
Family name:	Given name/s:	Middle name/s:	
Preferred name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified	Date of birth:	
Home phone number:		Mobile phone number:	
Email address:			
Preferred method of contact: <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Home phone			

Note: Position: Owner/Operator, Owner/ Manager, Manager, Operations Manager, Leaseholder/Manager, etc.

Section 3: Business representative licence details

Licence details			
Driver licence number:		NT employee firearms licence	
State:	Expiry date:	Licence no:	Expiry date:

Section 4: Close associates **see note*

Close associate		
Family name:	Given name/s:	Middle name/s:
Residential address:		
Date of Birth:	Nature of association:	

Note: Where there is more than one close associate attach a separate list.

Section 5: Firearms category (Please tick appropriate boxes)

Category of firearms required				
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> H

Section 6: Reason for licence **see note*

Reason for licence
Brief description only

Note: If you require a licence for category C, D and H firearms, you must provide a genuine need i.e. necessary or essential.

Section 7: Details of the premises to be used

Premises details	
Ownership: <input type="checkbox"/> Owner property <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/> Other (Details)	
If you do not own the property, provide owner's details:	
Business phone number:	Mobile phone number:
Email address:	
Is the applicant in charge of premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state who will be in charge:

Section 8: Building details **see note*

Premises details	
The premises that is proposed to deal/store firearms is a permanent building:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe the building:	
Are all firearms and ammunition stored at this location:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, provide details of secondary location:	

Note: Where there is a secondary location, both premises will be required to be inspected.

Section 9: Firearms safety and training course

Training provider / instructor delivering the Firearm training and safety course

Name of training provider/instructor: _____

Section 10: Storage and safekeeping of firearms (Please tick appropriate box)

Storage details

Self-storage - Category A, B, C, D and H
(Attach PF482 – Permission to inspect premises (First time applicants / existing holders / new safe / new location))

Permission to store - Category A, B, C, D and H
(Attach PF492 – Permission to store firearms notice)

Section 11: Particulars of employees *see note

Particulars of employees using or intending to use or have access to company firearms

Name <small>(Given name/s, Family name)</small>	Date of birth	Employee licence no	Address <small>(where currently residing)</small>

Note: Attach additional list of employees on a separate page (if required).

Section 12: Privacy disclaimer and declaration

Privacy disclaimer

The Northern Territory Police (NTP) 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 NTP 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 NTP 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: 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

Member name (Print):	Signature of member receiving application:	Date received:
Position/Rank:	Police station received at:	
Reg. no:		

Checklist

<input type="checkbox"/> application completed and signed
<input type="checkbox"/> attached Business Registration certificate
<input type="checkbox"/> letter of intent
<input type="checkbox"/> evidence that the applicant derives a substantial part of their income from dealing in firearms (category C, D and H licences only)
<input type="checkbox"/> storage and safekeeping form
<input type="checkbox"/> application entered on SaFER

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