

Notice of Change of Personal Particulars for Prohibited Weapons/Body Armour

Northern Territory Weapons Control Act 2001

| | | | | | WEA | PONS APPRO | VAL No. | |
|---|---|---|---------------------------|----------------------------------|------------------|------------------------------------|----------------------------|--|
| Please tick ☑ ap | | name | □ I have | moved inte | rstate* | • | | |
| I have changed my address and/or name I have moved interstate[*] I have disposed of a weapon I have taken my weapons interstate[*] | | | | | | | | |
| | weapon stolen or lost | ☐ I have had an approval stolen or lost | | | | | | |
| _ | Address is: (For new na | | | | | | Divorce Nisi or Deed Poll) | |
| Applicant deta | | | | | , | | | |
| Family name | | | First given name/s | | | Middle name/s | | |
| Date of birth | | | Gender | ☐ Male | | ☐ Female | Unspecified | |
| Place of birth | Town | | State | | | Country | | |
| Current residential add | lress: | | | | | | Post Code | |
| Current postal address | : | | | | | | Post Code | |
| Home phone number Work phon | | | e number | | | Mobile phone number | | |
| Email | | | | | | | | |
| Current busine | ess / Employment deta | ils | | | | | | |
| Occupation | | | Business/Employer name | | | | | |
| Business phone number | | | Business mobile number | | | | | |
| Business address (Not | РО Вох) | | | | | | Post Code | |
| Previous postal address: | | | | | | | Post Code | |
| automatically car oody armour in a | ur Weapons Act Approval ncelled 3 months after cea nother State or Territory to make arrangements if | asing to p under an | ermanently NT approval | reside in the N . You need to | IT. You immed | cannot possess plately contact the | prohibited weapons/ | |
| Particulars of | weapons Add additio | nal page | if insufficie | ent space bel | | | | |
| Type | | | | | Seria | I number (if app | olicable): | |

Add additional page if required

| Notice of Change of Pers | sonal Particulars | ior Pronibit | ed vveapons, | Body Armour | | | • | | | |
|--|---|---|--|--|---|---|-----------------------------|--|--|--|
| Has your storage location | n changed? | ☐ Yes | ☐ No | | | | | | | |
| Storage details (Please ti | ck ☑ appropriate b | oox) | | | | | | | | |
| Storage details (Please tick ☑ appropriate box) Prohibited Weapons and/or Body Armour Describe storage arrangements: | | | | | | | | | | |
| For Oleoresin Capsicum Control Act Self Declara of the storage. | | | | - | - | | | | | |
| Disposed of/Lost/Stole | n weapon/Body | Armour or a | approval: (Plea | ase describe the | circumstanc | es) | | | | |
| | I have disposed | | | | | | | | | |
| I have lost the weapon or approval, details: | | | | | | | | | | |
| | I have had the v | weapon or a | approval stole | en: Reported to | Police Stat | ion at: | | | | |
| Date: | SerPro No: | | | | | | | | | |
| Privacy disclaimer | | | | | | | | | | |
| Privacy disclaimer: Northern Te support related processes. This conational agreements the NTPF w Failure to provide this information You can access your personal info 08 8999 5511 (NT Government St.) | collection is authorised ill provide some or all of n in full or in part may r ormation provided on th | and required by f this informatio esult in your app | the NT Weapons on to other agencie plication not being | Control Act 2001 ares with an interest in grocessed or being | nd <i>Weapons Cont</i> n weapons permi g refused. | trol Regulations 20 ts, licensing, and | 001. Through registrations. | | | |
| Declaration | | | | | | | | | | |
| I solemnly and sincerely declare that the above particulars contained in this notice are true and correct. I make this declaration under section 21 of the <i>Oaths</i> , <i>Affidavits and Declarations Act 2010</i> and acknowledge to make a false declaration is an offence under Section 119 of the <i>Criminal Code Act 1983</i> . | | | | | | | | | | |
| Signature of applicant: Date: | | | | | | | | | | |
| Printed name: | | | | | | _ | | | | |
| PENALTY: 100 PENALT | | | | RS FOR FALSI t's a responsib | | ADING STAT | EMENTS | | | |
| - Receiving Member to Complete - | | | | | | | | | | |
| POLICE USE ONLY | | | | | | | | | | |
| Receiving member to complete | | | | | | | | | | |
| Member name (Print): | | Signature | of member r | eceiving applic | ation: | Date receive | ed: | | | |
| Position/Rank: | | 1 | | | | | | | | |
| Reg. No.: | | | | | | | | | | |

FORWARD TO THE FIREARMS POLICY AND RECORDING UNIT (FPRU), DARWIN.

Email: firearmsregistry@pfes.nt.gov.au