Northern Territory Police Force

Application for Weapons Approval –Employee

Northern Territory Weapons Control Act 2001

Read the instructions attached before completing the form.

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

Police use only
Approval no:
Fee:
Receipt no:
Date:
SerPro no:

Section 1: Articles sought on approval *(Please tick ☑ appropriate box or boxes)*

Article type	
☐ Prohibited Weapons	☐ Body Armour

Section 2: 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/s (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:	

Section 3: licence details

Licence details			
Driver licence number:		Weapons approval number:	
State:	Expiry date:	State:	Expiry date:

Section 4: Employment details

Business details	
Employer's name:	Applicant's occupation:
Business address:	
Business phone number:	Business mobile number:

Section 5: Reason for application *see note (Please tick ☑ appropriate box or boxes)

Reason approval is sought	
☐ Advertise for sale	☐ Purchase
☐ Manufacture	☐ Display
☐ Sell	☐ Possess
☐ Bring into the Territory	☐ Use
☐ Cause to be brought or sent into the Territory	☐ Carry

Reason for approval

Note: Brief description only. Attach letter detailing justification for all reasons selected above and all supporting documents as requested in the Information Sheet.

Section 6: Employer's endorsement *see note

To be completed by employer's representative
I, (Employer name) of, (Address) Corporate weapons approval no: require (Employee name) to have in their possession whilst employed by my company as a, (Employee occupation) for the following items:
☐ Prohibited Weapon: Please provide details of weapon/s
☐ Body Armour: Please provide details of body armour

Note: All weapons/body armour used by this person (as detailed above) will be owned by the company and will only be used in conjunction with their employment. An Employee approval will only be issued for the same reasons (above) that a Corporate approval was issued for.

Section 7: Employer declaration

Failure to disclose information may result in refusal of this application	
I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the NT *Weapons Control Act 2001* and acknowledge to make a false statement in an application is an offence under Section 10 of that Act. Employer signature: _____ Date: / / Employer full name: _____	Declared at (Place):

Section 8: Information disclosure *(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)	☐ Yes	☐ No
If Yes, please provide details:		
Have you ever been refused a Weapons approval or had a Weapons approval suspended, revoked, or cancelled?	☐ Yes	☐ 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?	☐ Yes	☐ No
If Yes, please provide details:		
Do you have any charges presently before a court?	☐ Yes	☐ 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) *	☐ Yes	☐ 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) *	☐ Yes	☐ 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 weapon? (If Yes, please provide a report from your treating General Practitioner in support of your application) *	☐ Yes	☐ 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) *	☐ Yes	☐ No
If Yes, please provide details:		

Failure to disclose information may result in refusal of this application		
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) *	☐ Yes	☐ No
If Yes, please provide details:		
Is there any other information that may assist in the determination of your application?	☐ Yes	☐ No
If Yes, please provide details:		

Note: The medical reports must state that the treating doctor or psychiatrist "does not consider the applicant a risk to themselves or others if granted a weapons approval."

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 *Weapons Control Act 2001* and NT *Weapons Control Regulations 2001*.

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 *Weapons Control Act 2001* and acknowledge that a false statement in an application is an offence under Section 10 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

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
☐ Application completed and signed
☐ New photograph taken:
☐ Supporting documents attached
☐ Application entered on SaFER

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