Northern Territory Police Force

Application for Weapons Purchase Authority - Individual

Northern Territory Weapons Control Act 2001

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

Police use only
NT Weapons approval no:
Fee:
Receipt no:
Date:
SerPro:

Section 1: Article type *see note (Please tick ☑ appropriate boxes)

Article type	
☐ Prohibited weapons	☐ Body armour

Note: Only one (1) select per form

Section 2: Personal details *see note

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: ☐ Phone ☐ Mobile ☐ Email	

Note: You must be a permanent resident of the NT to be eligible to get a NT Weapons Act Purchase Authority and must provide proof of residency.

Section 3: Next of Kin

Details	
Name:	
Address:	
Contact no:	Email address:

Section 4: Licence details

Licence details		
Drivers licence number:	State:	Expiry date:

Section 5: Prohibited Weapons Act approval details

Prohibited Weapons Act approval details	
Weapons Act approval number:	Expiry date:
Approved for: ☐ Prohibited weapons ☐ Body armour	
Types of weapons approved to possess:	

Section 6: Type and number of articles to be purchased *see note

Weapons type	
Description of Articles: Refer Schedule 2 of Weapons Control Regulations 2001, or Body Armour (include serial numbers where known)	Quantity sought

Note: A separate application is required for each different type of prohibited weapon or body armour is sought to be purchase

Section 7: Reason for seeking approval

Briefly state requirements for purchasing the article/s

Section 8: How is prohibited weapons/body armour being acquired?

Type of acquisition/purchase		
☐ NT Supplier purchase		
NT Supplier's name:	NT Supplier's weapons approval no:	
☐ Interstate supplier purchase	Interstate supplier weapons approval no:	
Interstate suppliers name:		State/Territory:
☐ Deceased estate	Name:	
Weapons Act approval no:		State/Territory:
Note: A Statutory Declaration or a letter from the Executor of the Estate / Public Trustee must be attached.		
☐ Overseas purchases / acquisition	Details:	
Note: For overseas purchase attach 'Application for Police Authorisation' – B709 to complete the application.		

Section 9: Storage details

Storage details
My storage/security facilities are located at (Provide full address including post code)

Section 10: 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)	☐ 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 (regardless of the outcome)?	☐ 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:		
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: 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 Weapons approval".

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 *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

Weapon ownership is not a right, it's a responsibility

Police use only		
Checklist		
☐ Application completed and signed:		
☐ New photograph taken		
☐ Proof of Identity form		
☐ Evidence of NT residency		
☐ Copy of Prohibited Weapons Approval		
☐ B709 - Application to import firearms and weapons form (overseas purchases)		
☐ Documents relating to Information disclosure section (if applicable)		
☐ 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:		

Ensure application is uploaded in applicant's SaFER document folder