



# Application for Weapons Approval – Individual

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/s? ☐ 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   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Advertise for sale                             | <input type="checkbox"/> Purchase |
| <input type="checkbox"/> Manufacture                                    | <input type="checkbox"/> Display  |
| <input type="checkbox"/> Sell   | <input type="checkbox"/> Possess  |
| <input type="checkbox"/> Bring into the Territory                       | <input type="checkbox"/> Use      |
| <input type="checkbox"/> Cause to be brought or sent into the Territory | <input type="checkbox"/> Carry    |
| <input type="checkbox"/> Provision of training and instruction          |                                   |
| Reason for approval   |                                   |
| <div></div>   |                                   |

*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: Prohibited weapons and / or body armour details

| Details   |
|---|
| List below the types and amounts of Prohibited Weapons and/or Body Armour you seek to possess (refer to Schedule 2 of the Weapons Control Regulations 2001) |
| <div></div>   |

Section 7: Storage and safekeeping of weapons

| Storage details                                   |
|---|
| Provide details where the weapons will be stored. |
| <div></div>                                       |

Section 8: Information disclosure *\*see note (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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If Yes, please provide details:

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever been refused a Weapons approval or had a Weapons approval 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? | <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?<br>(If Yes please provide a report from your treating General Practitioner in support of your application) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If Yes, please provide details:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever threatened or attempted self-harm?<br>(If Yes, please provide a report from your treating psychiatrist in support of your application) * | <input type="checkbox"/> Yes | <input type="checkbox"/> 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?<br>(If Yes, please provide a report from your treating General Practitioner in support of your application) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If Yes, please provide details:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever been treated for alcohol or drug related problems?<br>(If Yes, please provide a report from your treating General Practitioner in support of your application) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If Yes, please provide details:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever been treated for serious impairment of eyesight?<br>(If Yes, please provide a report from your treating General Practitioner in support of your application) * | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

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: 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   |                            |
| <p>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 <i>Weapons Control Act 2001</i> and NT <i>Weapons Control Regulations 2001</i>.</p> <p>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.</p> <p>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.</p> |                            |
| Declaration  |                            |
| <p>I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the NT <i>Weapons Control Act 2001</i> and acknowledge that a false statement in an application is an offence under Section 10 of that Act.</p> <p>Applicant signature: _____ Date: _____</p> <p>Applicant full name: _____</p>   | <p>Declared at (place)</p> |

Penalty: 100 penalty units or imprisonment for 2 years for false or misleading statements

Weapons 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"/> New photograph taken             |  |                             |
| <input type="checkbox"/> Supporting documents attached    |  |                             |
| <input type="checkbox"/> Application entered on SaFER     |  |                             |

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