



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	
<input type="checkbox"/> Prohibited Weapons	<input type="checkbox"/> Body Armour

Section 2: Personal details

Name			
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:	
Place of birth: Town:	State:	Country:	
Previous/other name/s (if applicable)			
Have you been known by another name/s? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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)

Section 7: Storage and safekeeping of weapons

Storage details
Provide details where the weapons will be stored.

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? (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? (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? (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? (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? (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

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.

Declared at (place)

Applicant signature: _____ Date: _____

Applicant full name: _____

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

- 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.