Application for Weapons Approval - Corporate

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
Weapons Approval no:
Fee:
Receipt no:
Date:
SerPro no:

Section 1: Articles sought on appro	oval (Please tick	k ☑ approprie	ate box or l	boxes)	
Article type					
Prohibited Weapons			☐ Body Armour		
Section 2: Business details					
Business details					
Business name:					
Trading name:	rading name:			Corporate weapons approval no:	
Business address:					
Postal address:					
Business phone number:			Business mobile number:		
Business email:					
ABN:			ACN:		
Security firm licence number:		Preferr	ferred method of contact: Phone Mobile Email		
Section 3: Business employee repr	esentative				
Employee details					
Position:					
Family name:	Given name/s: Middle name/s:		le name/s:		
Preferred name:	Gender: Female Male Unspecified Date of birth:		Date of birth:		
Current residential address:					
Current postal address:					
Home phone number:			bile phone number:		
Email address:					



Section 4: Business employee representative licence details

Licence details					
Driver licence number:		Weapons approval number:			
State: E	Expiry date:	State:	Expiry date:		
Section 5: Reason for applicat	tion *see note (Please tick ☑ ap	propriate box or boxes)	<u> </u>		
Reason approval is sought					
Advertise for sale		Purchase Display			
☐ Manufacture☐ Sell		Possess			
Bring into the Territory		Use			
Cause to be brought or s	ent into the Territory	Carry			
Provision of training and					
Reason for approval	mod doctors				
lote: Brief description only. Attach letter detai	iling justification for all reasons sele	ected above and all supporting document	s as requested in the Information Sheet.		
		ected above and all supporting document	s as requested in the Information Sheet.		
lote: Brief description only. Attach letter detail Section 6: Particulars of Weap Particulars of Prohibited Weapo	pons/Body Armour		s as requested in the Information Sheet.		
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OUR MISSION: To serve and protect
OUR VISION: A safe and resilient Northern Territory

Section 7: Storage and safekeeping of weapons or body armour

Storage details	
Provide details where the weapons or body armour will be stored.	

Section 8: Particulars of employees *see note

Name (Given name/s Family name)	Date of birth	Employee's Weapons approval no	Physical address (where currently residing)

Note: Include all employees that will have access to or be required to use company weapons as part of their duties). Attach additional list of employee's on a separate page (if required).

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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 <i>Weapons Control Act 2001</i> 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

16.49.00 and any

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					
☐ Supporting documents attached					
Application entered on SaFER					

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

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