



## 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: 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? <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 2: Licence details

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

### Section 3: Employment details

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

**Section 4: Reason for application** *\*see note (Please tick  appropriate box or boxes)*

Reason approval is sought	
<input type="checkbox"/> Provision of training and instruction	<input type="checkbox"/> Carry
<input type="checkbox"/> Possess	<input type="checkbox"/> Use

**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 5: OC Spray safety and training course** *\*see note*

**Course details**

Applicant has undergone

An approved OC spray training course	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Booked	
First aid course including CPR	Expiry Date: / /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Booked
Cert 4 in assessment and training (Instructors only)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Booked

*Note: Attach a copy of all relevant training certificates. Approval will not be granted until all relevant courses have been completed.*

**Section 6: Employer endorsement** *\*see note*

**To be completed by employee 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)

**Type of employment**

<input type="checkbox"/> Crowd controller	Crowd control licence no: _____
<input type="checkbox"/> Instructor	<input type="checkbox"/> OC Spray disposal

*Note: 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**

<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 Weapons Control Act 2001 and acknowledge to make a false statement in an application is an offence under Section 10 of that Act.</p> <p>Employer signature: _____ Date: / /</p> <p>Employer full name: _____</p>	<p>Declared at (Place): _____</p>
--	-----------------------------------

**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**

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"/> First aid course including CPR certificate attached		
<input type="checkbox"/> OC spray training course certificate attached		
<input type="checkbox"/> Cert 4 in assessment and training (Instructors only) certificate attached		
<input type="checkbox"/> Supporting documents attached		
<input type="checkbox"/> Application entered on SaFER		

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