



Read the instructions attached before completing the form.

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

Section 1: Business details

Police User Only

Approval no:

Fee:

Receipt no:

Date:

SerPro no:

Business details

Business name:

Trading name:

Corporate approval no:

Business address:

Postal address:

Business phone number:

Business mobile number:

Business email:

ABN:

ACN:

Preferred method of contact: Phone Mobile Email

Section 2: Business employee representative

Employee details

Position:

Family name:

Given name/s:

Middle name/s:

Preferred name:

Gender: Female Male Unspecified

Date of birth:

Current residential address:

Current postal address:

Home phone number:

Mobile phone number:

Email address:

Section 3: Business employee representative licence details

Licence details

Driver licence number:

Weapons approval number:

State:

Expiry date:

State:

Expiry date:

Section 4: Type of business

Type of business		
<input type="checkbox"/> Security firm	Security firm licence no:	<input type="checkbox"/> Disposal facility
<input type="checkbox"/> Training provider	Training provider no:	

Section 5: Reason for application **see note (Please tick appropriate box or boxes)*

Reason approval is sought	
<input type="checkbox"/> Bring into the Territory	<input type="checkbox"/> Possess
<input type="checkbox"/> Cause to be brought or sent into the Territory	<input type="checkbox"/> Use
<input type="checkbox"/> Provision of training and instruction	<input type="checkbox"/> Carry
<input type="checkbox"/> Purchase	

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: Storage and safekeeping of OC Spray

Storage details	
<input type="checkbox"/>	Self-storage (if previously inspected) (Attach Self declaration for storage / safekeeping of oleoresin capsicum spray)
<input type="checkbox"/>	Self-storage (First time applicant's / new safe / new location) (Attach Permission to inspect premises)

Section 7: OC Spray training and safety course

Training provider / instructor delivering the OC Spray training and safety course
Name of training provider/instructor:

Section 8: Particulars of employees **see note*

Particulars of employees using or intending to use or have access to company oleoresin capsicum spray			
Name (Given name/s Family name)	Date of birth	Employee's OC Spray approval no	Current residential address (where currently residing)

Name (Given name/s Family name)	Date of birth	Employees approval no	Current residential address (where currently residing)

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

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
- Supporting documents attached
- Application entered on SaFER

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