



Northern Territory
Police Force

PF402 Ver 5 / Revised 12/23

Application for Weapons Purchase Authority

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.

YOUR **CURRENT** WEAPONS CONTROL ACT APPROVAL MUST BE SIGHTED WITH THIS APPLICATION. A SEPARATE FEE IS REQUIRED FOR EACH WEAPON TYPE TO BE ACQUIRED.

(Please tick ☒ appropriate box) ☐ **Individual** ☐ **Business**

POLICE USE ONLY

Weapons Approval No:

Fee:

Receipt No:

Date:

Purchase Authority No.:

Section 1:

Approval sought to purchase following articles: Please tick ☒ appropriate boxes

One selection per form

☐ Prohibited Weapons ☐ Body Armour

Section 2: Applicant details

Applicant or business representative name

Family name		First given name/s		Middle name/s	
Date of birth:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
Place of birth:	Town	State	Country		

Section 3: Business/corporate details (Note: this section is for business applicants only)

Business/corporate details

Business name:	
Business phone number:	Mobile number:
Business email:	
Physical address (of business):	Post Code
Postal address (for business):	Post Code

Section 4: Weapons Act approval details

Weapons Act approval details

Weapons Act approval number:		Approved for:	<input type="checkbox"/> Prohibited Weapon/s
			<input type="checkbox"/> Body Armour
Expiry date:	Types of weapons approved to possess:		
Drivers licence number: (If applicable)		Expiry date:	
		State:	

Section 5: Contact/Address details

Applicants contact details		
Home phone number	Work phone number	Mobile phone number
Email		

Applicants residential address details	
Current residential address:	Post Code
Current postal address:	Post Code

*Note: If any of the above details or your address has changed since your last application, a 'Notice of Change of Personal Particulars or Particulars form should be submitted. Include new storage documentation if a change in your storage arrangements has occurred.

Section 6: Type and number of articles to be purchased (*see note)

Particulars of item for which permit is required	
Description of Articles: Refer Schedule 2 of Weapons Control Regulations 2001, or Body Armour (include serial numbers where known) <small>Only one type of article per application form</small>	Quantity sought
Description:	

*Note: A separate application is required for each different type of prohibited weapon or body armour is sought to be purchased

Section 7: Reason for seeking approval

Briefly state requirements for purchasing the article/s:	
Occupational purposes:	
Other:	

Type of acquisition/purchase:		
<input type="checkbox"/> NT supplier purchase		
NT supplier's name:	NT supplier's Weapons Act approval No:	
<input type="checkbox"/> Interstate supplier purchase		Interstate supplier licence/Approval No:
Interstate supplier's name:		State/Territory:
<input type="checkbox"/> Deceased estate	Name:	
See note below	Weapons Act approval No:	
<p style="color: red; text-align: center;">Note: A Statutory Declaration OR a letter from the Executor of the Estate/Public Trustee must be attached.</p>		
<input type="checkbox"/> Other reasons	Details:	
See note below		

Section 9: Storage details

My storage/security facilities are located (Provide full address including Post code):

Section 10: 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 Control Act approval or had a Weapons Control Act 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 prohibited weapon or body armour? (If Yes, please provide a report for 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:		

*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 an authority to purchase a prohibited weapon and/or body armour”.

Section 11: Privacy disclosure

Privacy disclaimer	
<p>Privacy Disclaimer: Northern Territory Police Force (NTPF) is collecting information from your application to ensure compliance with legislation and to support related processes. This collection is authorised and required by the <i>NT Weapons Control Act 2001</i> and <i>Weapons Control Regulations 2001</i>. Through national agreements the NTPF will provide some or all of this information to other agencies with an interest in weapons approvals. Failure to provide this information in full or in part may result in your application not being processed or being refused.</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 8999 5511 (NT Government Switch).</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 <i>NT Weapons Control Act 2001</i> and acknowledge to make a false statement in an application is an offence under Section 13 of that Act.</p> <p>Signature of applicant: _____ Date: _____</p> <p>Printed 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 -

Receiving Member to complete next page

POLICE USE ONLY			
Receiving member to complete			
Member name (Print):		Signature of member receiving application:	
Position/Rank:		Date received:	
Reg. No.:			
Application Checklist			
<input type="checkbox"/>	Weapons Act approval sighted - valid		
<input type="checkbox"/>	Details of weapon/body armour provided		
<input type="checkbox"/>	Reason to acquire weapon/body armour provided		
<input type="checkbox"/>	Application updated on SaFER	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, reason:			

Character / Conviction			
<input type="checkbox"/> SerPro ID check completed (by member receiving application)			<input type="checkbox"/> Unknown – new SerPro ID: <input type="checkbox"/> Known – SerPro ID's list all:
Criminal/Traffic history:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal) <input type="checkbox"/> Relevant, attach printout of details
Involvements:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal) <input type="checkbox"/> Relevant, attach printout of details
Alerts/Warrants/DVO'S:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal) <input type="checkbox"/> Relevant, attach printout of details
<input type="checkbox"/> IJIS check completed (by member receiving application)			<input type="checkbox"/> Unknown <input type="checkbox"/> Known – IJIS ID:
Criminal/Traffic history:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal) <input type="checkbox"/> Relevant, attach printout of details
Domestic Violence Orders Personal Violence Orders Restraining Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (more than 6 years old) <input type="checkbox"/> Relevant (less than 6 years old). Attach printout of details
Other history/Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal) <input type="checkbox"/> Relevant, attach printout of details
<input type="checkbox"/> AFIN/NFLRS checks completed			<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Not relevant <input type="checkbox"/> Relevant, attach printout of details
<input type="checkbox"/> MDEA/NPRS/NCIS/IR checks completed			<input type="checkbox"/> Known <input type="checkbox"/> Unknown <input type="checkbox"/> Not relevant <input type="checkbox"/> Relevant, attach printout of details

COMPLETED APPLICATION MUST BE ADDED TO SaFER AND APPLICATION UPLOADED TO SaFER DOCUMENTS.

firearmsregistry@pfes.nt.gov.au - RETAIN THE ORIGINAL FORM AT RECEIVING STATION

For more information visit: <https://pfes.nt.gov.au/police/firearmsweapons>