



Northern Territory
Police Force

Application for Weapons Purchase Authority - Corporate

Northern Territory Firearms Act 1997

Read the instructions attached before completing the form.

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

Police use only

NT Weapons approval no:

Fee:

Receipt no:

Date:

SerPro:

Section 1: Article type **see note* (Please tick appropriate boxes)

Article type

Prohibited weapons

Body armour

Note: Only one (1) select per form

Section 2: Business details

Business details

Business name:

Trading name:

Corporate weapons approval no:

Business address:

Postal address:

Business phone number:

Business mobile number:

Business email:

ABN:

ACN:

Preferred method of contact: Phone Mobile Email

Section 3: Business representative

Representative 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 4: Business representative licence details

Licence details		
Drivers licence number:	State:	Expiry date:

Section 5: Corporate Weapons Act approval details

Weapons Act approval details	
Weapons Act approval number:	Expiry date:
Approved for:	<input type="checkbox"/> Prohibited weapons <input type="checkbox"/> Body armour
Types of weapons approved to possess:	

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

Firearm category	
Description of Articles: Refer Schedule 2 of Weapons Control Regulations 2001, or Body Armour (include serial numbers where known)	Quantity sought

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

Section 7: Reason for seeking approval

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

Section 8: How is prohibited weapons/body armour being acquired?

Type of acquisition/purchase	
<input type="checkbox"/> NT Supplier purchase	
NT Supplier's name:	NT Supplier's weapons approval no:
<input type="checkbox"/> Interstate supplier purchase	Interstate supplier weapons approval no:
Interstate suppliers name:	State/Territory:
<input type="checkbox"/> Deceased estate	Name:
Weapons Act approval no:	State/Territory:
<i>Note: A Statutory Declaration or a letter from the Executor of the Estate / Public Trustee must be attached.</i>	
<input type="checkbox"/> Overseas purchases / acquisition	Details:
<i>Note: For overseas purchase attach 'Application for Police Authorisation' - B709 to complete the application.</i>	

Section 9: Storage details

Storage details
My storage/security facilities are located at (Provide full address including post code)

Section 10: Information disclosure - Business representative **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 firearms licence or permit or had a firearms licence or permit 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:		

Failure to disclose information may result in refusal of this application		
Have you ever suffered from a diagnosed mental health disorder e.g. chronic depression, PTSD? <small>(If Yes please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever threatened or attempted self-harm? <small>(If Yes, please provide a report from your treating psychiatrist in support of your application) *</small>	<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 firearm? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for alcohol or drug related problems? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for serious impairment of eyesight? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<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: Medical reports must state that the treating doctor or psychiatrist "does not consider the applicant to be a risk to themselves or others if granted a Firearms licence".

Section 11: Privacy disclaimer and declaration

Privacy disclaimer	
<p>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 <i>Weapons Control Act 2001</i> and NT <i>Weapons Control Regulations 2001</i>.</p> <p>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.</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 8922 3543.</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 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.</p> <p>Applicant signature: _____ Date: _____</p> <p>Applicant full name: _____</p>	<p>Declared at (place)</p>

Penalty: 100 penalty units or imprisonment for 2 years for false or misleading statements

Weapon ownership is not a right, it's a responsibility

Application for Weapons Purchase Authority

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"/> Proof of Identity form 9 (Employer representative)		
<input type="checkbox"/> Evidence of NT residency (Employer representative)		
<input type="checkbox"/> Documents relating to Information disclosure section (if applicable)		
<input type="checkbox"/> Application entered on SaFER		

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