



**Northern Territory
Police Force**

Application for Firearms Purchase or Transfer Permit - 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

Your current firearm licence must be sighted with this application. A separate fee is required for each firearm to be acquired.

Police use only

NT Firearms licence no:

Fee:

Receipt no:

Date:

SerPro #:

Firearm sighted: ☐ Yes ☐ No

Sighted by:

Purchase permit no:

Section 1: Firearms category **see note* (Please tick ☒ appropriate boxes)

Firearm category

☐ A

☐ B

☐ C

☐ D

☐ H

Note: Applicant must also complete appropriate purchase type in Section 4 i.e. Private purchase or dealer purchase etc. An application for category C, D or H firearm MUST provide supporting documentation (statement of need/reason)

Section 2: Firearms ownership

Do you currently own a category A and/or B firearm and are applying to acquire another firearm of the same type?

☐ Yes

☐ No

Note: If you have an urgent need to acquire a firearm and have selected yes, please contact the Firearms Registry at FirearmsRegistry@pfes.nt.gov.au

Section 3: Business details

Business details

Business name:

Corporate firearm licence number:

Business phone number:

Business mobile number:

Business email:

Business address:

Postal address:

ABN:

ACN:

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Section 4: Employer representative 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:
Current residential address:		
Current postal address:		
Home phone number:	Mobile phone number:	
Email address:		
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email		

Section 5: Type of purchase or transfer **see note*

Type of permit	
Purchase permit	
<input type="checkbox"/> NT Dealer purchase	
NT Dealers name:	NT Dealers licence number:
<input type="checkbox"/> Private purchase	
Sellers licence number:	Sellers name:
State/Territory:	Sellers signature:
	Date purchased:
<input type="checkbox"/> Interstate dealer purchase	Interstate dealer/Sellers licence number:
Interstate dealer/Sellers name:	State/Territory:
<input type="checkbox"/> Overseas purchase / acquisition	Details:

Note: For overseas purchase an 'Application for Police Authorisation' – B709 must be completed and submitted with the application.

Transfer permit		
<input type="checkbox"/> Ownership transfer	From Licence type:	To Licence type:
	Licence no:	Licence no:
<i>Note: This transaction is charged as a transfer, not a purchase (e.g from a personally held firearms licence to a corporate licence) and must be the same individual (legal owner of the firearm/s in both the disposing and receiving licence).</i>		
<input type="checkbox"/> Interstate transfer (Firearms transfer between other State/Territory to Northern Territory)		
Interstate licence no:	State/Territory:	
<i>Note: A copy of the Interstate Registration Certificate should be attached to avoid delays in processing.</i>		

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Section 6: Particulars of firearm intending to acquire or purchase **see note*

Cat	Make/Brand	Model	Serial no.	Action	Caliber (e.g 300 Win Mag)	Barrel Length (Cat H)	Capacity

Note: A private sale must always provide the serial number.

Section 7: Storage address

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

Section 8: Business Representative Information disclosure **see note* (Please tick ☒ appropriate box or boxes)

Failure to disclose information may result in refusal of this application (Select Yes if unsure)		
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 (regardless of the outcome)?	<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, threatened or attempted self-harm? (If Yes please provide a report from your treating GP/Psychiatrist/Psychologist 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 firearm? (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:		

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Failure to disclose information may result in refusal of this application (Select Yes if unsure)		
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 GP or Specialist 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 Firearms Licence.”

Section 9: 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>Firearms Act 1997</i> and NT <i>Firearms Regulations 1997</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>Firearms Act 1997</i> and acknowledge that a false statement in an application is an offence under Section 89 of that Act</p> <p>Applicant signature: _____ Date: _____</p> <p>Applicant full name: _____</p>	<p>Declared at (place)</p>

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

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Police use only		
Checklist		
<input type="checkbox"/> Application completed and signed		
<input type="checkbox"/> Proof of Identity (100 points required)		
<input type="checkbox"/> Evidence of NT Residency		
<input type="checkbox"/> Interstate registration documents (if applicable)		
<input type="checkbox"/> Application for Police Import Authorisation – B709 (if applicable)		
<input type="checkbox"/> Statement of need for acquiring category C, D and H firearms		
<input type="checkbox"/> Documents relating to Information disclosure section (if applicable)		
<input type="checkbox"/> Application entered on SaFER		
Receiving member to complete		
Member name (Print):	Signature of member receiving application:	Date received:
Position/Rank:		Police station received at:
Reg. no:		

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