



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 no:	
Firearm sighted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sighted by:	
Purchase permit no:	

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

Firearm category

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> H
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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: Business details

Business details

Business name:	Corporate firearm licence no:
Business phone number:	Business mobile number:
Business email:	
Business address:	
Postal address:	
ABN:	ACN:

Section 3: 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 4: Type of purchase or transfer **see notes*

Type of permit	
Purchase permit	
<input type="checkbox"/> NT Dealer purchase	
NT Dealers name:	NT Dealers licence no:
<input type="checkbox"/> Private purchase	
Sellers licence no:	Sellers name:
State/Territory:	Sellers signature:
Date purchased:	
<input type="checkbox"/> Interstate dealer purchase	Interstate dealer/Sellers licence no:
Interstate dealer/Sellers name:	State/Territory:
<input type="checkbox"/> Overseas purchase / acquisition	Details:

Note: For overseas purchase attach 'Application for Police Authorisation' – B709 to complete the application.

Transfer permit					
<input type="checkbox"/> Ownership transfer	<table border="1"> <tr> <td>From Licence type:</td> <td>To Licence type:</td> </tr> <tr> <td>Licence no:</td> <td>Licence no:</td> </tr> </table>	From Licence type:	To Licence type:	Licence no:	Licence no:
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>					

Section 5: Particulars of firearm intending to acquire or purchase **see note*

Permit no (Police use only)	Cat	Make/Brand	Model	Serial no	Action	Caliber (e.g. 300 Win Mag)	Cap	Barrel length (Cat H only)	Sighted Y/N (Police use only)

Note: A private sale must always provide the serial number. Refer to instructions attached for more information and examples on how to complete the firearm listed above.

Section 6: Storage address

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

Section 7: Information disclosure *(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:		
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 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:		
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 Firearms Licence."*

Section 8: Privacy disclaimer and declaration

Privacy disclaimer

The Northern Territory Police (NTP) is collecting information from your application to ensure compliance with legislation. This collection is authorised and required by the NT *Firearms Act 1997* and NT *Firearms Regulations 1997*.

Through national agreements the NTP 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 NTP 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 *Firearms Act 1997* and acknowledge that a false statement in an application is an offence under Section 89 of that Act

Applicant signature: _____ Date: _____

Applicant full name: _____

Declared at (place)

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

Firearms 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		
<input type="checkbox"/> Application completed and signed		
<input type="checkbox"/> Proof of Identity		
<input type="checkbox"/> Evidence of Residency		
<input type="checkbox"/> Interstate registration documents		
<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		

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

