



Northern Territory  
Police Force

# Application for Firearms Club Junior Licence / Category H Sports Shooters Permit

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 Firearms Licence no:

Fee:

Receipt no:

Date:

SerPro no:

## Section 1: Firearm category *\*see note*

### Firearms Category

Category H Sports Shooter's Permit

Category

A

B

H

*Note: Applicants must have held a Category H Sports Shooter's Permit (for at least 3 months) prior to applying for a Firearms Club Junior Licence (Category H). The applicant must provide a PF474A Club support of application form.*

## Section 2: Personal details *\*see note*

### Name

Family name:

Given name/s:

Middle name/s:

Preferred name:

Gender:  Female  Male  Unspecified

Date of birth:

Place of birth: Town:

State:

Country:

### Previous/other name (if applicable)

Have you been known by another name?  Yes  No

If Yes, provide details below

Surname:

Given name/s:

Type of change: (Marriage, alias etc.)

Surname:

Given name/s:

Type of change: (Marriage, alias etc.)

### Address details

Current residential address:

Current postal address:

### Contact details

Home phone number:

Mobile phone number:

Email address:

Preferred method of contact:  Phone  Mobile  Email

*Note: You must be a permanent resident of the NT to be eligible for a NT firearms licence and must provide proof of residency.*

**Section 3: Licence details** (if applicable)

Licence details			
Driver licence number:		Current firearms licence number:	
State:	Expiry date:	State:	Expiry date:

**Section 4: Firearm club**

Firearm club detail	
Name of club:	Membership number:
Membership join date:	

**Section 5: Firearm training and safety course (FTSC) \*see note**

Firearm training and safety course	
Firearm Training and Safety Course completed and attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Junior firearm examination attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: Training for Firearm club junior licence category A, B or H can either be a FTSC or Junior firearm examination. Exams can be conducted at the Palmerston Police Station. Must attach at least one of the above documents. This does not apply to Category H Sports shooters permit.*

**Section 6: Storage and safekeeping of firearms \*see note (Please tick R appropriate box)**

Where the applicant is at least 16 years of age and represents the Territory in competition shooting at national or international level and intend to purchase a firearm they must comply with the storage requirements outlined in the NT Firearms Regulations 1997 (Schedule 2 and 3).

Ensure you are aware of what is required for the storage and safekeeping of your firearms. Refer to [Storage and Safekeeping forms](#)

**Section 7: Parental/guardian consent**

Parent/guardian details	
Parent/guardian name:	
Relationship to applicant:	Contact number:
Do you provide authorisation for the applicant to acquire a firearms licence <input type="checkbox"/> Yes <input type="checkbox"/> No	
for the firearm categories: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H	
Signature:	

Section 8: Information disclosure \*see note (Please tick the appropriate box)

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 <b>ever</b> 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 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

## Section 9: Privacy disclaimer and declaration

### Privacy disclaimer

The Northern Territory Police Force (NTPR) 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 NTPR 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.

Declared at (place)

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant full name: \_\_\_\_\_

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

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

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Police use only		
Checklist		
<input type="checkbox"/> Application completed and signed		
<input type="checkbox"/> New photograph taken		
<input type="checkbox"/> Firearm training and safety certificate attached, or <i>(not required for Sports Shooters Permit)</i>		
<input type="checkbox"/> Firearm exam attached (Category A & B)		
<input type="checkbox"/> Proof of identity		
<input type="checkbox"/> Evidence of NT residency		
<input type="checkbox"/> Certificate of Firearm Club Membership, Category H - PF474A <i>(required for Sports Shooters Permit)</i>		
<input type="checkbox"/> Certificate of Firearm Club Membership, Category A and B - PF474		
<input type="checkbox"/> Record or participation OR letter of explanation as per record of participation (if required)		
<input type="checkbox"/> Permit has been held for more than 3 months <i>(required for category H licence)</i>		
<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 in applicant's SaFER document folder