

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

Category H Sports Shooter's Permit

**Firearms Category** 

Note: Applicants must have held a Category H Spor The applicant must provide a PF474A Club support		o applying for a Firearms Club Junior Licence (Category H).			
Section 2: Personal details *see note	е				
Name					
Family name:	Given name/s:	Middle name/s:			
Preferred name:	Gender: Female Male Un	nspecified Date of birth:			
Place of birth: Town:	State:	Country:			
Previous/other name (if applicable)					
Have you been known by another	name?	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:					

☐ Mobile ☐ Email

Category

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

Phone

Preferred method of contact:

Section 3: Licenc	e details (if applicable)				
Licence details					
Driver licence number:		Curi	Current firearms licence number:		
State:	Expiry date:	Stat	e:	Expiry date:	
Section 4: Firearr	n club	·			
Firearm club detai	ı				
Name of club:			Membership numbers		
Membership join	date:				
Section 5: Firearr	n training and safety cou	ırse (FTSC	C) *see note		
Firearm training a	nd safety course				
	and Safety Course complete mination attached	ed and atta	ached	Yes No	
	club junior licence category A, B or H co Must attach at least one of the above o				
_	e and safekeeping of fire nt is at least 16 years of ag				
national or interna	tional level and intend to p ned in the NT Firearms Re	urchase a	firearm they must com	ply with the storage	
Ensure you are aw and Safekeeping for		the storag	e and safekeeping of y	our firearms. Refer to <u>Storage</u>	
Section 7: Parent	al/guardian consent				
Parent/guardian d	letails				
Parent/guardian r	ame:				
Relationship to ap	plicant:		Contact number:		
Do you provide au	uthorisation for the applica	nt to acqu	ire a firearms licence	☐ Yes ☐ No	
for the firearm cat	tegories: A [	_В _	]H		
Signature:					

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

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)		es	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?	□ Y	es	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?	□ Y	es	No
If Yes, please provide details:			
Do you have any charges presently before a court?		es	No
If Yes, please provide details:			
Have you ever suffered from a diagnosed mental health disorder e.g. chronic depression, PTSD?	Y	es	No
(If Yes please provide a report from your treating General Practitioner in support of your application) *  If Yes, please provide details:			
ii res, piedse provide details.	ı		
Have you ever threatened or attempted self-harm? (If Yes, please provide a report from your treating psychiatrist in support of your application) *		es	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 from your treating General Practitioner in support of your application) *		es	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) *		es	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) *	□ Y	es	No
If Yes, please provide details:			
Is there any other information that may assist in the determination of your application?	Y	es	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 (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 <i>Firearms Act</i> 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

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					
Application completed and signed					
☐ New photograph taken					
Firearm training and safety certificate attached, or (not required for Sports Shooters Permit)					
Firearm exam attached (Category A & B) (not required for Club Junior Licence)					
☐ Proof of identity					
☐ Evidence of NT residency					
Certificate of Firearm Club Membership - PF474A (required for Sports Shooters Permit)					
Record or participation OR letter of explanation as per record of participation (if required)					
Permit has been held for more than 3 months (required for category H licence)					
☐ Documents relating to Information disclosure section (if applicable)					
Application entered on SaFER					

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

