



Northern Territory
Police Force

Application for Firearms Purchase or Transfer Permit – Collectors/Antique

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: Yes No

Sighted by:

Purchase permit no:

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

Category of firearm intended to acquire

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> H
Collectors	<input type="checkbox"/> Pre 31 December 1946		<input type="checkbox"/> Post 31 December 1946	
Antique	<input type="checkbox"/> Pre 01 January 1900			

Note: Must attach supporting research documents (must be relevant to theme) – including research/proof of age of the firearm. For collectors acquisition of post 1946 firearms you must be a "Student of Arms". An application for category C, D or H firearm must provide supporting documentation (statement of need/reason)

Section 2: Personal 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:
Place of birth: Town:	State:	Country:
Previous/other name (if applicable)		
Have you been known by another name? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		

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Contact details	
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 3: Licence details

Licence details			
Driver licence number:		Current Firearms licence no:	
State:	Expiry date:	State:	Expiry date:

Section 4: Employment details

Employment details	
Employer's name:	Applicant's occupation:
Employer's phone number:	Employer's mobile number:
Employer's address:	
Employer's email:	

Section 5: 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:
<input type="checkbox"/> Interstate dealer purchase	Interstate dealer/Sellers licence no:
Interstate dealer/Sellers name:	State/Territory:
<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>	
<input type="checkbox"/> Overseas purchase / acquisition	Details:
<i>Note: For overseas purchase attach 'Application for Police Authorisation' – B709 to complete the application.</i>	

Transfer permit		
<input type="checkbox"/> Deceased estate	Name:	
	Licence no:	State/Territory:
<i>Note: A Statutory Declaration or a letter from the Executor of the Estate / Public Trustee must be attached.</i>		

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

Cat	Make/Brand	Model	Serial number	Manufacture Year	Action	Caliber (e.g. 300 Win Mag)	Barrell length (Cat H)	Cap

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: Information disclosure **see notes* (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 e.g. chronic depression, PTSD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If Yes please provide a report from your treating General Practitioner in support of your application) *</i>		
If Yes, please provide details:		

Failure to disclose information may result in refusal of this application (Select Yes if unsure)		
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 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 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: 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 collectors or antique 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: 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		
Checklist		
<input type="checkbox"/> Application completed and signed		
<input type="checkbox"/> Proof of Identity		
<input type="checkbox"/> Evidence of Residency		
<input type="checkbox"/> Deceased estate documentation (if applicable)		
<input type="checkbox"/> Interstate registration documents (if applicable)		
<input type="checkbox"/> B709 - Application to import firearms and weapons form (overseas purchases)		
<input type="checkbox"/> Evidence of year of manufacture of the firearm (where applicable)		
<input type="checkbox"/> Student of arms declaration		
<input type="checkbox"/> Evidence of year of manufacture of firearm (where applicable)		
<input type="checkbox"/> Letter outlining how the firearms in the collection are linked, Including research library (Student of arms)		
<input type="checkbox"/> Letter outlining how the firearms in the collection are linked (Antique and Pre 1946)		
<input type="checkbox"/> Documents relating to Information disclosure section (if applicable)		
<input type="checkbox"/> Application entered on SaFER		
Receiving member details		
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