



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 #:

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 original letter) – 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: 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: 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:		

Contact details

Home phone number:

Mobile phone number:

Email address:

Preferred method of contact: ☐ Phone ☐ Mobile ☐ Email**Section 4: Licence details****Licence details**

Driver licence number:

Current Firearms licence no:

State:

Expiry date:

State:

Expiry date:

Section 5: 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 6: Type of purchase or transfer **see notes***Type of permit****Purchase permit**☐ NT Dealer purchase

NT Dealers name:

NT Dealers licence number:

☐ Private purchase

Sellers licence number:

Sellers name:

State/Territory:

Sellers signature:

☐ Interstate dealer purchase

Interstate dealer/Sellers licence no:

Interstate dealer/Sellers name:

State/Territory:

☐ Interstate transfer (Firearms transfer between other State/Territory to Northern Territory)

Interstate licence number:

State/Territory:

Note: A copy of the Interstate Registration Certificate should be attached to avoid delays in processing.☐ Overseas purchase /
acquisition

Details:

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

Transfer permit		
<input type="checkbox"/> Deceased estate	Name:	
	Licence number:	State/Territory:
<i>Note: A Statutory Declaration or a letter from the Executor of the Estate / Public Trustee must be attached.</i>		
<input type="checkbox"/> Ownership transfer	From Licence type:	To Licence type:
	Licence number:	Licence number:
<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>		

Section 7: 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)	Cap	Barrell length (Cat H)

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

Section 8: Storage address

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

Section 9: 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, threatened or attempted self-harm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes please provide a report from your treating GP/Psychologist/Psychiatrist in support of your application) *		
If Yes, please provide details:		

Failure to disclose information may result in refusal of this application (Select Yes if unsure)

Do you have any physical, condition or disorder which may render you unfit to possess a firearm?

☐ Yes

☐ No

(If Yes, please provide a report from your treating General Practitioner in support of your application) *

If Yes, please provide details:

Have you ever been treated for alcohol or drug related problems?

☐ Yes

☐ No

(If Yes, please provide a report from your treating General Practitioner in support of your application) *

If Yes, please provide details:

Have you ever been treated for serious impairment of eyesight?

☐ Yes

☐ No

(If Yes, please provide a report from your treating GP or Specialist in support of your application) *

If Yes, please provide details:

Is there any other information that may assist in the determination of your application?

☐ Yes

☐ No

If Yes, please provide details:

Note: Medical reports must state that the treating medical practitioner, psychologist or psychiatrist "does not consider the applicant to be a risk to themselves or others if granted a Firearms collectors or antique licence".

Section 10: Privacy disclaimer and declaration**Privacy disclaimer**

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 *Firearms Act 1997* and NT *Firearms Regulations 1997*.

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.

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.

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

Police use only – Receiving Member to Complete		
Checklist		
<input type="checkbox"/>	Application completed and signed.	
<input type="checkbox"/>	Proof of Identity equivalent to 100 points.	
<input type="checkbox"/>	Evidence of NT Residency.	
<input type="checkbox"/>	Deceased estate documentation (if applicable).	
<input type="checkbox"/>	Collectors membership.	
<input type="checkbox"/>	Original theme letter.	
<input type="checkbox"/>	Interstate registration documents (if applicable).	
<input type="checkbox"/>	B709 - Application to import firearms and weapons form (overseas purchases).	
<input type="checkbox"/>	Student of arms declaration.	
<input type="checkbox"/>	Evidence of year of manufacture of specific firearm/s.	
<input type="checkbox"/>	Letter outlining how the firearms in the collection are linked, Including research library (Post 1946).	
<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