



## 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: 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:	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email		

### Section 2: Licence details

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

## Section 3: 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 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"/> 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 an ‘Application for Police Authorisation – B709’ must be completed and submitted with 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>	
<input type="checkbox"/> Ownership transfer	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>	

### Section 5: Category H sports shooting disciplines

1. Black Powder Match	2. ICORE	3. IPSC
4. ISSF	5. Metallic Silhouette	6. NRA Action Match
7. Police and Services Match	8. Single Action Match	

### Section 6: Particulars of firearm intending to acquire or purchase *\*see notes*

Cat	Make/Brand	Model	Serial no	Action	Caliber (e.g. 300 Win Mag)	Cap	Barrel length	Discipline

*Notes: A statement of need must be attached detailing the genuine need for the purchase of the abovementioned firearm/s.  
A private sale must always provide the serial number. Enter the disciplines number related to each firearm. Where the firearm falls under more than 1 discipline then separate by a comma e.g. 5, 7.*

### Section 7: Storage address

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

### Section 8: Information disclosure *\*see note* (Please tick appropriate 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 <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:		

Failure to disclose information may result in refusal of this application		
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:		
Have you ever threatened or attempted self-harm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If Yes, please provide a report from your treating psychiatrist in support of your application) *</i>		
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?	<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:		
Have you ever been treated for alcohol or drug related problems?	<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:		
Have you ever been treated for serious impairment of eyesight?	<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:		
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

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: 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 (if applicable)		
<input type="checkbox"/> Evidence of NT Residency		
<input type="checkbox"/> Certificate of firearms club membership - PF474C		
<input type="checkbox"/> Record or participation for the previous 12 months OR letter of explanation as per record of participation		
<input type="checkbox"/> Statement of genuine need to purchase a category H firearm		
<input type="checkbox"/> Deceased estate documentation (if required)		
<input type="checkbox"/> Interstate registration documents (if required)		
<input type="checkbox"/> B709 - Application to import firearms and weapons form (overseas purchases only)		
<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