



Change of particulars – Corporate

Northern Territory Firearms Act 1997

Can be lodged in person at a Northern Territory (NT) police station or emailed to firearmsregistry@pfes.nt.gov.au

Police use only

NT Firearms Licence no:

Date:

This form is for Dealers, Corporate, Museum, Club, Paintball Operator and Ammunition Retail Permits

Section 1: Type of change (Please tick ☒ appropriate boxes)

Type of change

☐ Change name and/or address ☐ Disposed/sold/transferred firearm ☐ Firearm stolen or lost

Section 2: Change of Business details **see note*

Business details

Business name: Corporate firearm licence no:

Business phone number: Business mobile number:

Business email:

Business address:

Postal address:

ABN: ACN:

Security firm licence number:

Previous business details

Business name: Corporate firearm licence no:

Business address:

Business phone number: Business mobile number:

Business email:

Note: provide appropriate supporting documentation to validate any requested changes. Security firm licence number is required for security firms only.

Section 3: Change of Business representative**see note*

Representative details		
Position:		
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:
Home phone number:	Mobile phone number:	
Email address:		
Preferred method of contact: <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Home phone		
Previous representative details		
Position:		
Family name:	Given name/s:	Middle name/s:

Note: Provide appropriate supporting documentation to validate any requested changes.

Section 4: Particulars of firearm

Cat	Make/Brand	Model	Serial no	Action	Caliber (e.g. 300 Win Mag)	Cap	Year of Manufacture	Barrel length (Cat H only)

Section 5: Storage location (Please tick ☒ appropriate boxes)

Change of storage address	
Has the business storage location changed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, select one of the following options	
<input type="checkbox"/>	Self-storage (Category A and B) (Attach PF491 Self declaration for storage/safekeeping of firearms)
<input type="checkbox"/>	Self-storage (Category C, D & H (if previously inspected))
<input type="checkbox"/>	Permission to inspect premises (Attach PF482 Permission to inspect premises (First time applicants/new safe/new location))
<input type="checkbox"/>	Storage with the dealer or another licence holder (Attach PF492 Permission to store firearms notice)

Section 6: Disposed of / Lost / Stolen firearm (Please describe the circumstances)**Note*

Privacy disclaimer

☐ The business has disposed of the firearm by:

☐ The business has lost the firearm/s, Details:

☐ The business had the firearm stolen

Reported to Police station at:

Police Report No:

Date:

Note: Supporting evidence or a statutory declaration must be submitted where a firearm/s is lost.

Section 7: 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)

Business representative signature: _____ Date: _____

Business representative 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:		

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