



NT Firearms licence no:

Date:

SerPro:

Section 1: Business details

Business details

Business name:

Business address:

Storage address (if different):

Corporate firearm licence no:

Contact no:

Section 2: Firearm category (Please tick ☒ appropriate box)

Category of firearm

☐ A

☐ B

□ C

☐ D

☐ H

Section 3: Particulars of firearms **see note*

Particulars of firearms kept under and/or used for the Dealer licence

Note: When reapplying for a current Dealers licence, list existing firearms. Attach additional list of firearms on a separate page (if required)

Police use only				
Member inspecting premises to complete				
Inspection date:		Inspection time:		
Category of firearm to be stored				
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> H
Storage details				
Storage address:				
Where the safe/storage is located (i.e. spare bedroom or under house):				
Storage make:	Storage model:		Capacity of storage:	
Is the storage made of solid steel (including the side and door): <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the thickness of the side: mm		What is the thickness of the door: mm		
Are all edges rolled for folded: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are the doors recessed or flush fitted and sized to prevent leverage points: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are all hinges non-removable and constructed in the same manner as safe-style hinges: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the safe/storage bolted to a wall or floor: <input type="checkbox"/> Yes <input type="checkbox"/> No				
How many bolt down points:		Size and type of bolts used:		
Is the swinging edge greater than 500mm (Category H Only): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are the locks internal/inbuilt: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the safe have a separate compartment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional security arrangements:				
Recommendations to update: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, details				
Photographs attached: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional storage and safe keeping details				
Premises				
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved		
Inspecting members details				
Signature:	Member:	Position / Rank	Reg No	Date: