



Application for Ammunition Collector Approval

Northern Territory Firearms Act

Read the instructions attached before completing the form.

To be lodged in person at a Northern Territory (NT) police station

Police use only

NT Firearms licence no:

Fee:

Receipt No:

Date:

SerPro no:

Section 1: Personal details **see note*

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	

Note: You must be a permanent resident of the NT to be eligible for a NT Ammunition collector approval and must provide proof of residency. Refer to instructions.

Section 2: Licence details

Licence details			
Driver licence number:		Current firearms licence number: <i>(if applicable)</i>	
State:	Expiry date:	State:	Expiry date:

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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: Firearm category **see note* (Please tick appropriate box)

Category of firearm of ammunition being collected				
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> H

Note: Select the firearm category of the ammunition.

Section 5: Purpose for approval

Provide details of the purpose for collecting ammunition

Section 6: Storage and safekeeping of ammunition **see note*

Storage
For the safekeeping of live ammunition, the premises must have storage and security arrangements

Note: include the type of storage and location, in the case of a display cabinet include details of the size and locking mechanism(s).

Section 7: Information disclosure **see note* (Please tick appropriate box)

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 ever appeared before a court of law, panel or judicial body of any kind charged with any offence?	<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? <small>(If Yes please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever threatened or attempted self-harm? <small>(If Yes, please provide a report from your treating psychiatrist in support of your application) *</small>	<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? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for alcohol or drug related problems? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for serious impairment of eyesight? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<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 an Ammunition collector approval".

Section 8: Privacy disclaimer and declaration

Privacy disclaimer

The Northern Territory Police (NTP) 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 NTP 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 NTP 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.

Applicant signature: _____ Date: _____

Applicant full name: _____

Declared at (place)

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

Firearms ownership is not a right, it's a responsibility

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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:		
Checklist		
<input type="checkbox"/> application completed and signed		
<input type="checkbox"/> must provide 100 point proof of identity (business representative)		
<input type="checkbox"/> evidence of NT residency		
<input type="checkbox"/> documents relating to Information disclosure section (if applicable)		
<input type="checkbox"/> Copy of letter outlining reason for applying for an ammunition collector approval		
<input type="checkbox"/> photos of storage container		
<input type="checkbox"/> application entered on SaFER		

Note: Ensure application is uploaded to the applicant's SaFER document folder