



Northern Territory  
Police Force

CCRU000740 / Ver 2 / Revised 12/23

# Application for an Ammunition Retail Permit

Northern Territory Firearms Act 1997

You must provide 100 points of identification along with this application. Refer to 'Proof of Identity' - PF490 form to select the appropriate documents accepted for 100 points.

If you have ever legally changed your name, you must provide a certified copy of your marriage certificate, change of name certificate or birth certificate that includes the schedule of any name changes. A firearms licence will only be issued in your full legal name.

## POLICE USE ONLY

Permit No:

Receipt No:

Fee Charged:

Date:

## Applicant details

Business/Organisation/Club name:			
Trading name: (if different)			
Physical address:			
Postal address:			
Contact phone numbers:	BH	AH	
Email:	ABN Number:		
Is the Business/Organisation/Club a Registered Business or Incorporated Body?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the above question is Yes please attach a copy of the Registration/Incorporation Certificate.			

This part should be completed by the person who will act as the Representative of the Business/Organisation/Club at the actual place of sale in accordance with Section 3(1) of the *Firearms Act 1997*.

## Representative details

Surname		Given name		Middle name
Date of birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Other (Indeterminate/Intersex)
Place of birth:	Town	State		Country
Work phone No.:		Mobile No.:		
Email:				
Residential address:				Post code
Postal address:				Post code
Occupation:			Employer:	
Driver's Licence No.: (If applicable)			State:	
Firearm Licence No.: (If applicable)			State:	

## Application for an Ammunition Retail Permit

Failure to disclose information may result in refusal of this application (*see note)		
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? (If Yes please provide a report from your treating General Practitioner in support of your application.)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever threatened or attempted self-harm? (If Yes, please provide a report from your treating psychiatrist in support of your application.)*	<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 ammunition? (If Yes, please provide a report for your treating General Practitioner in support of your application.)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been known by any other name(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		

*\*Note - The medical reports MUST state that the treating doctor or psychiatrist "does not consider the applicant a risk to themselves or others if granted an Ammunition Retail Permit".*

Indicate the Ammunition Category sought on this Permit. For each category – list approximately what types and amounts the Business/Organisation/Club intends to store for sale.

Category	Calibre/s	Amount/s
<input type="checkbox"/> A		
<input type="checkbox"/> B		
<input type="checkbox"/> C		
<input type="checkbox"/> D		
<input type="checkbox"/> H		

## Application for an Ammunition Retail Permit

### Storage details

The storage/security facilities for the ammunition is (Provide a description of storage / security arrangements and detail location of the storage within the premises. Include details of any additional security arrangement ie. CCTV, alarms):

I,

(Business/Organisation/Club Representative)

Consent to the Business/Organisation/Club's storage facilities being inspected by a Member of the Police Force to ensure that the facilities comply with the requirements of the *Firearms Act 1997* and *Firearms Regulations 1997* if required.

Please contact me on: \_\_\_\_\_ or \_\_\_\_\_ to arrange a suitable inspection time.

Representative signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please provide a list of employees who perform duties in respect of the Ammunition Retail Permit on behalf of the Business/Organisation: (For a Firearms Club - persons who are members of the governing body or committee of the firearms club).**

(Please attach additional sheet if required to complete this section)

Full name: (Given name, Surname)	Date of birth:	Residential address:

### Declaration

**Privacy Disclaimer:** Northern Territory Police Force (NTPF) is collecting information on this form to ensure compliance with legislation and to ensure the Commissioner of Police can satisfy himself of a number of matters related to the issuing of firearms licences, permits and registration. This collection is authorised or required by the NT *Firearms Act 1997* and *Firearms Regulations 1997*. Through national agreements the NTPF will provide some or all of this information to other agencies with a direct interest in firearm permits, licensing, and registration. Failure to provide this information in full or in part may result in your application not being processed or being refused. 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 8999 5511 (NT Government Switch).

I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the *Firearms Act 1997* and acknowledge that a false statement in an application is an offence under Section 89(1) of that *Firearms Act 1997*.

Declared at:

Representative signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

## RECEIVING MEMBER TO COMPLETE

Before this application is forwarded to the Firearms Policy and Recording Unit, ensure that all the relevant parts of the application is completed, and any supporting documentation is attached.

## Check the application by completing the checklist below

<input type="checkbox"/>	Has the applicant completed all parts of the form?
<input type="checkbox"/>	Change of name – attached documentation (if applicable)
<input type="checkbox"/>	Proof of identity – meets the 100 point check
<input type="checkbox"/>	Medical history – if applicant has answered Yes to either medical question, don't accept the application unless the applicant has included a letter from the doctor or psychiatrist.
<input type="checkbox"/>	Ammunition categories – applicant has listed types and approximate amounts – bulk approximate is ok
<input type="checkbox"/>	Ammunition storage (storing at own premises) – if required, has the applicant filled out the consent to Inspection?
<input type="checkbox"/>	Ammunition storage (storing ammunition stock at another location with another licence holder) – if required, other licensee has completed a permission to store form
<input type="checkbox"/>	Applicant is to list all employees who may conduct duties under the Ammunition Retail Permit.
<input type="checkbox"/>	Copy of business registration / incorporation certificate attached

## Inspecting member to complete

Storage details:			
Additional security arrangements:			
Premises:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
Signature of member inspecting premises:			
Member name (printed):			
Position/Rank:		Reg No.:	
Police Station:		Date:	

# Application for an Ammunition Retail Permit

Character/Conviction					
<input type="checkbox"/> <b>SerPro ID check completed</b> (by member receiving application)				<input type="checkbox"/> Unknown – new SerPro ID:	
				<input type="checkbox"/> Known – SerPro ID's list all:	
Criminal/Traffic history:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal)	
				<input type="checkbox"/> Relevant, attach printout of details	
Involvements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal)	
				<input type="checkbox"/> Relevant, attach printout of details	
Alerts/Warrants/DVO'S:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal)	
				<input type="checkbox"/> Relevant, attach printout of details	
<input type="checkbox"/> <b>IJIS check completed</b> (by member receiving application)				<input type="checkbox"/> Unknown	
				<input type="checkbox"/> Known – IJIS ID:	
Criminal/Traffic history:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal)	
				<input type="checkbox"/> Relevant, attach printout of details	
Domestic Violence Orders Personal Violence Orders Restraining Orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (more than 6 years old)	
				<input type="checkbox"/> Relevant (less than 6 years old). Attach printout of details	
Other history/Orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal)	
				<input type="checkbox"/> Relevant, attach printout of details	
<input type="checkbox"/> <b>AFIN/NFLRS checks completed</b>				<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Not relevant	
				<input type="checkbox"/> Relevant, attach printout of details	
Interstate firearms registered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> No outstanding firearm(s) Supplied Transfer Permits for all	
				<input type="checkbox"/> Yes outstanding firearm(s), attach printout of details/declarations	
<input type="checkbox"/> <b>MDEA/NPRS/NCIS checks completed</b>				<input type="checkbox"/> Known <input type="checkbox"/> Unknown <input type="checkbox"/> Not relevant	
				<input type="checkbox"/> Relevant, attach printout of details	
Application accepted by/Receiving member to complete					
Signature of member receiving application:		Member Name:		Date Received:	
Position/Rank/Reg. No.:				Police Station:	

**PENALTY: 100 PENALTY UNITS OR IMPRISONMENT FOR 2 YEARS FOR FALSE OR MISLEADING STATEMENT**  
- Firearms ownership is not a right, it's a responsibility -

**COMPLETED APPLICATION MUST BE SCANNED TO SAFER AND EMAILED TO**  
[firearmsregistry@pfes.nt.gov.au](mailto:firearmsregistry@pfes.nt.gov.au)

**RETAIN THE ORIGINAL FORM AT RECEIVING STATION**