



Application for an Ammunition Retail Permit

Northern Territory Firearms Act 1997

Read the instructions attached before completing the form.

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

Police use only

NT Ammunition permit no:

Fee:

Receipt no:

Date:

SerPro no:

Section 1: Business details

Business details

Business name:

Business phone number:

Business mobile number:

Business email:

Business address:

Postal address:

ABN:

ACN:

Section 2: Business representative details **see note*

Representatives details

Position:

Family name:

Given name/s:

Middle name/s:

Preferred name:

Gender: Female Male Unspecified

Date of birth:

Current residential address:

Current postal address:

Home phone number:

Mobile phone number:

Email address:

Preferred method of contact: Phone Mobile Email

Note: Position: Owner /Operator, Owner/ Manager, Manager, Operations Manager etc.

Section 3: Business representative licence details

Licence details

Driver licence number:

Current NT firearms licence:
(if applicable)

State:

Expiry date:

Licence no:

Expiry date:

Section 4: Business representative information disclosure **see notes* (Please tick appropriate box or 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 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 retail permit..

Section 5: Ammunition category (Please tick appropriate boxes)

Category of ammunition required

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> H
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Section 6: Ammunition details **see note* (Please tick appropriate box)

Indicate the amount of ammunition sought on this permit.

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

Note: List the category and approximate amounts of ammunition the Business/Organisation/Club intends to store for sale at any one time.

Section 7: Storage and safekeeping of ammunition **see note*

Security details

The storage/security facilities for the ammunition (describe type and location):

Note: Provide a description of storage/security arrangements and detail location of the storage within the premises. Include details of any additional security arrangement i.e. CCTV, alarms. Provide photos of storage facility.

Section 7: Particulars of employees

Particulars of employees who perform duties in respect of the Ammunition retail permit

Name (Given name/s, Family name)	Date of birth	Address (where currently residing)

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.

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		
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"/> 100 point proof of identity (Business representative)
<input type="checkbox"/> evidence of NT residency (Business representative)
<input type="checkbox"/> documents relating to Information disclosure section (if applicable)
<input type="checkbox"/> copy of Business Registration certificate
<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