



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:

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 to get a NT firearms licence and must provide proof of residency.

Section 2: Licence details

Licence details			
Drivers licence number:		Current firearms licence number:	
State:	Expiry date:	State:	Expiry date:

Section 3: Employment details

Employment details	
Employer's name:	Applicant's occupation:
Employer's phone number:	Employer's mobile number:
Employer's email:	
Employer's address:	

Section 4: Firearm category (Please tick appropriate boxes)

Firearm category	
<input type="checkbox"/> Category A and B	<input type="checkbox"/> Category C (Firearms club only)

Section 5: Firearm club **see note*

Firearm club detail	
Name of club:	Membership number:
Membership join date:	

Note: Where the applicant is applying for a firearm category C provide firearm club details.

Section 6: Genuine reason

Genuine reason	
<input type="checkbox"/> Recreational shooting or hunting	<input type="checkbox"/> Sports shooting (Attach club certificate of support/club membership)

Section 7: Permission to shoot **see note*

Permission to shoot	
<input type="checkbox"/> Crown Land Hunting Permit (Attach permit from Department of Infrastructure, Planning and Logistics)	<input type="checkbox"/> Permission to shoot on rural land (Large private properties over 6177 acres) (Attach letter from the landowner – for details of requirements)
<input type="checkbox"/> Approval from traditional owner to hunt on Aboriginal land (Attach written permission from relevant land council e.g. NLC, CLC, Tiwi or Anindilyakwa; on letter head or a form)	<input type="checkbox"/> Other NT Government issued hunting permits (e.g. Waterfowl, pig hunting, other, if other provide further details)
<input type="checkbox"/> To shoot on own land (Large private properties over 6177 acres)	<input type="checkbox"/> Permission to shoot on local government land (Attach written permission from relevant council)

Note: Only relevant when Genuine reason is 'Recreational shooting and hunting'. Refer to information sheet for details of the supporting documents required to be included with the application.

Section 8: Reason for licence **see note*

Reason for licence
Brief description only

Note: If you require a licence for category C firearms, you must provide a genuine need i.e. necessary or essential.

Section 9: Firearm training and safety course (FTSC) **see notes*

Firearm training and safety course		
Applicant has undergone a Firearm Training and Safety Course:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firearm exam attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: For category A & B the FTSC will be in the form of a firearm exam and can be conducted at the Palmerston Police Station for the greater Darwin area, outside this area any other NT Police Station.

Section 10: Storage and safekeeping of firearms (Please tick appropriate box or boxes)

Storage details	
<input type="checkbox"/> Self-storage (Category A and B (C if previously inspected)) (Attach PF491 Self declaration for storage/safekeeping of firearms)	
<input type="checkbox"/> Self-storage (Category C) (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 11: Information disclosure **see note* (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? (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 a firearm? (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:		

Failure to disclose information may result in refusal of this application		
Have you ever been treated for alcohol or drug related problems? (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 been treated for serious impairment of eyesight? (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:		
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 a Firearms licence".

Section 12: Privacy disclaimer and declaration

Privacy disclaimer	
<p>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 <i>Firearms Act 1997</i> and NT <i>Firearms Regulations 1997</i>.</p> <p>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.</p> <p>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.</p>	
Declaration	
<p>I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the NT <i>Firearms Act 1997</i> and acknowledge that a false statement in an application is an offence under Section 89 of that Act.</p> <p>Applicant signature: _____ Date: _____</p> <p>Applicant full name: _____</p>	<p>Declared at (place)</p>

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"/> New photograph taken		
<input type="checkbox"/> Application entered on SaFER		
<input type="checkbox"/> Firearm Safety and Training certificate		
<input type="checkbox"/> Firearm exam attached (Cat A & B)		
<input type="checkbox"/> Proof of Identity form		
<input type="checkbox"/> Evidence of NT residency		
<input type="checkbox"/> Certificate of firearms club membership - PF474B (Sports shooting)		
<input type="checkbox"/> Supporting documents relating to Permission to shoot		
<input type="checkbox"/> Documents relating to Information disclosure section (if applicable)		
<input type="checkbox"/> Record or participation OR letter of explanation as per record of participation (if required)		
<input type="checkbox"/> Storage and safekeeping form		

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