



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

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	

Section 2: Licence details

Licence details		
Driver licence number:	State:	Expiry date:
Current firearms instructor licence no:	State:	Expiry date:

Section 3: Employment details

Employment details	
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, the applicant must also apply for a Firearms employee licence and complete Section 6	
If Yes, are you a Registered Training Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provider number: (if applicable)	
Business name:	Corporate licence number:
Business address:	
Business phone number:	Business mobile number:
Business email:	
ABN:	ACN:

Section 4: Firearms category (Please tick appropriate boxes)

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

Section 5: Reason for licence *see note

Reason for licence
Brief description only

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

Section 6: Employer endorsement *see note

Employer details:	
Business representative's name:	
Business name:	Corporate licence number:
Require	(Employee name)
To have in his/her possession whilst employed by my company as,	(Employee occupation)
for the firearm categories: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H	
All firearms used by this person (as selected above) will be registered to the company and will only be used in conjunction with their employment.	

Note: To be completed by employer if applicant is not self-employed.

Section 7: Employers declaration

Employer's declaration

Employers must attach a letter on company letterhead providing information detailing the duties of the employee and the need to possess/use each different category of firearm applied for.

Include the following declaration, signed and dated.

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 to make a false statement in an application is an offence under Section 89 of that Act.

Section 8: Firearm training and safety course

Firearm training and safety course

Has the Commissioner of Police (NT) approved the course that you intend to instruct as a Firearms Training and Safety Course?

Yes No

If Yes, attach a copy of the Commissioner's approval to this application.

If No, a complete copy of your course is to be lodged with the Firearms Policy and Recording Unit for consideration by the Commissioner.

Section 9: Instructors qualifications *see note

Instructors qualifications

Have you successfully completed a course in Cert V in Training and assessment delivered by a Registered Training Organisation (RTO)?

Yes No

Have you successfully completed a course for firearms instructors that is delivered by an RTO?

Yes No

Instructed in: Aerial Ground

Name of course:

When completed:

Delivered by:

Category of firearms covered: A B C D H

If you have not completed and approved a course for Firearms Instructors however believe you possess relevant skills, experience or other qualifications suitable to deliver Firearms Use and Safety Training, please provide evidence to support your application:

Note: Attach a copy of all course certificates to this application.

Section 10: Particulars of firearms intended to be used for training purposes **see note*

Particulars of firearms kept under and/or used for training purposes							
Category	Make/Brand	Model	Serial number	Action type	Calibre (e.g. 300 Win Mag)	Capacity	Barrel length (Cat H only)

Note: This section is only to be completed if the applicant is self-employed. Attach additional list of firearms on a separate page (if required).

Section 11: Storage and safekeeping of firearms (Please tick appropriate box)

Storage details

Self-storage (Category A and B (C D and H if previously inspected))
(Attach PF491 Self declaration for storage/safekeeping of firearms)

Self-storage (Category C, D and H)
(Attach PF482 Permission to inspect premises (First time applicants/new safe/new location))

Storage with the dealer or another licence holder
(Attach PF492 Permission to store firearms notice)

Section 12: 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) Yes 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? Yes 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? Yes No

If Yes, please provide details:

Do you have any charges presently before a court? Yes No

If Yes, please provide details:

Have you ever suffered from a diagnosed mental health disorder e.g. chronic depression, PTSD? Yes No
(If Yes please provide a report from your treating General Practitioner in support of your application) *

If Yes, please provide details:

Failure to disclose information may result in refusal of this application		
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:		
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 instructor licence".

Section 13: 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"/> Proof of Identity		
<input type="checkbox"/> Signed letter outlining the reason for applying for a Firearms Instructors Licence (if self-employed)		
<input type="checkbox"/> Copy of the Commissioner's approval for the FTSC (if self-employed)		
<input type="checkbox"/> Employers declaration letter (if employed)		
<input type="checkbox"/> Firearm Instructors certificate		
<input type="checkbox"/> Cert IV in Training and Assessment certificate		
<input type="checkbox"/> Copy of Firearms Instructors certificate		
<input type="checkbox"/> Documents relating to Information disclosure section (if applicable)		
<input type="checkbox"/> Storage and safekeeping form		
<input type="checkbox"/> Application entered on SaFER		

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