

Permission to Store Firearms

Northern Territory Firearms Act 1997

| Section 1: Personal de | | | | | |
|--|-----------------------------|----------------------------------|---------------------------------|---------------------------------|--|
| Personal details of person giving permission to store firearms | | | | | |
| Family name: Given name/ | | iven name/s: | s: Middle name/s: | | |
| Current residential addre | ss: | | | | |
| Storage address (if different | ent) | | | | |
| Firearm licence number: | | Contact no | Contact no: | | |
| Note: You must have a current an firearms they are responsible for. | | | / before you give permission to | another person to store any | |
| | | ,, | | | |
| Section 2: Applicant of Person (applicant) for wh | | to store firearms | | | |
| Person (applicant) for who you give permission to store firearms Family name: Given name/s: Mid | | | Middle na | ame/s: | |
| | | | | | |
| Current residential address: | | | | | |
| Firearm licence number: Note: Details of the person you are giving permission to store their firearms. | | Contact no | Contact no: | | |
| Section 3: Firearm ca | | | | | |
| Category of firearm to be | | k <u>Mappropriate box</u>) | | | |
| | | <u>_</u> | | _ | |
| □ A | В | С | □ D | □Н | |
| Note: Your safe/storage must hav | | for the selected firearm categor | у. | | |
| Section 4: Declaration | 1 | | | | |
| Privacy disclaimer | Nolice (NITD) is collecting | information from your a | pplication to encure co | mpliance with logislation | |
| 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> . | | | | | |
| 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 conta | | | ave any queries or wish | to access this | |
| Declaration | | | | | |
| I solemnly and sincerely o | declare that the above p | articulars contained in th | nis application are | Declared at (place) | |
| true and correct. I make that a false statement in | | | | | |
| | | | | | |
| Storage provider signatur | re: | Date: | | | |
| PRINTED NAME: | | | | | |
| Section 89 of the Firearms Act sta particular. A Firearm Licence may | | | | lse or misleading in a material | |
| Police use only | | | | | |
| Receiving member to ver | rify provider storage | | | | |
| Gun safe inspected and approved on: / / Self Declaration submitted on: / / | | | | | |