



**NOTE: FOR A DUPLICATE FIREARM LICENCE, A PHOTOGRAPH MUST BE TAKEN**

**No fee is required for a stolen Firearms Licence  
(NOTE: Applicant must provide a PROMIS Job Number)**

**NORTHERN TERRITORY POLICE**

Section 103 – *Firearms Act*

**APPLICATION FOR A DUPLICATE – FIREARM LICENCE / REGISTRATION CERTIFICATE / PURCHASE PERMIT\***

POLICE USE ONLY	
Firearm Licence No: .....	
Receipt No: .....	
Fee Charged: \$.....	

Surname:		Given Name:		Middle Name(s):	
Date of Birth: ..... / ..... / .....		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Home Phone Number: .....	
Place of Birth: .....				Mobile Number: .....	
				Email: .....	
Business Name (for Corporate / Museum / Club / Paintball applications only):				Business Phone Number:	
Residential Address (Number, Street, Suburb):				Post Code:	
Postal Address (PO Box Number, Town/City):				Post Code:	

**PROOF OF ID (MAKE COPY & ATTACH):**

Drivers Licence Number:	Passport Number:	Other:
-------------------------	------------------	--------

**Failure to Disclose Information May Result in Refusal of this Application**

**Since** the issue of your most recent firearms licence have you had a Domestic Violence Order or other similar Restraining Order issued against you? (including Interstate and Overseas)  No  Yes

**Since** the issue of your most recent firearms licence have you had a finding of guilt against you, for any offence, not including minor traffic offences, but including Interstate or Overseas findings of guilt?  No  Yes

**Since** the issue of your most recent firearms licence have you been diagnosed with mental health disorder e.g. chronic depression, PTSD? (If yes please provide a report from your treating GP in support of your application.) \*  No  Yes

**Since** the issue of your most recent firearms licence have you threatened or attempted self-harm? (If yes please provide a report from your treating psychiatrist in support of your application.)\*  No  Yes

\*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 a firearms licence”.

Please tick  appropriate box

I hereby apply for a duplicate copy of the following form which has been:  Destroyed  Lost

Stolen - Reported to Police Station at: ..... Date: ..... / ..... / ..... PROMIS Job Number: .....

**1. FIREARM LICENCE**

In respect of the following category of firearm and type of licence:  A  B  C  D  H Firearm Licence Type: .....

or

**2. REGISTRATION CERTIFICATE / PURCHASE PERMIT -** In respect of the following firearm:

CATEGORY	MAKE / BRAND	MODEL	SERIAL NUMBER	ACTION TYPE	CALIBRE & CALIBRE TYPE (i.e. 300 Win Mag)	CAP	BARRELL LENGTH Cat H
							mm

**DECLARATION**

**Privacy Disclaimer** Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form to ensure compliance with legislation and to ensure the Commissioner of Police can satisfy him/herself of a number of matters related to the issuing of firearms licenses, permits and registration. This collection is authorized or required by the NT *Firearms Act* and *Regulations*. Through national agreements the NTPFES 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 NTPFES 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* and acknowledge to make a false statement in an application is an offence under Section 89(1) of that Act.

Signature of applicant:..... Date: ..... / ..... / .....

PRINTED NAME:.....

Declared at (Police Station):

**PENALTY: 100 PENALTY UNITS OR IMPRISONMENT FOR 2 YEARS FOR FALSE OR MISLEADING STATEMENT.  
NOTE: FOR A DUPLICATE FIREARM LICENCE, A PHOTOGRAPH MUST BE TAKEN**

- *Firearms ownership is not a right, it's a responsibility* -

**RECEIVING MEMBER TO COMPLETE**

Signature of member receiving application: .....	Member PRINT:..... Position / Rank / Reg. No.:.....	Date Received: ...../...../.....
---	--	-------------------------------------

**CHARACTER / CONVICTION - POLICE USE ONLY**

<input type="checkbox"/> <b>PROMIS check completed (by member receiving application)</b>		<input type="checkbox"/> Unknown – New PROMIS ID: ..... <input type="checkbox"/> Known – PROMIS ID'S list all:.....
Criminal / Traffic History: <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes:		<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
Involvements: <input type="checkbox"/> No <input type="checkbox"/> Yes   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"/> No <input type="checkbox"/> Yes   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 (by member receiving application)</b>		<input type="checkbox"/> Unknown <input type="checkbox"/> Known – IJIS ID:.....
Criminal / Traffic History: <input type="checkbox"/> No <input type="checkbox"/> Yes   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"/> No <input type="checkbox"/> Yes   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"/> No <input type="checkbox"/> Yes   If yes		<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
<input type="checkbox"/> <b>NFLRS check completed (if required) (Interstate Licence Transfer)</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"/> No <input type="checkbox"/> Yes   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>NPRS check completed</b>		<input type="checkbox"/> Known <input type="checkbox"/> unknown <input type="checkbox"/> Not relevant <input type="checkbox"/> Relevant, Attach printout of details

**A 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**

**FIREARMS POLICY AND RECORDING UNIT (FPRU), PETER MCAULAY CENTRE, DARWIN**

**FPRU USE ONLY**

<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>NOT APPROVED</b>
Signature: ..... Position/Rank: ..... Date: ..... / ..... / .....	

For more information visit: <http://www.pfes.nt.gov.au/Police/Firearms-Weapons/Firearms-licences-permits-forms.aspx>