



NORTHERN TERRITORY POLICE

Firearms Act 1997

APPLICATION FOR A – PURCHASE OR TRANSFER* – PERMIT

POLICE USE ONLY
Firearm Licence No:
Receipt No:
Fee Charged: \$.....
Firearm Sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase Permit No:

TO OBTAIN THIS PERMIT, YOUR CURRENT FIREARM LICENCE MUST BE VALID FOR THE FIREARM CATEGORY REQUESTED IN THE APPLICATION
A SEPERATE APPLICATION IS REQUIRED FOR EACH FIREARM TO BE ACQUIRED / TRANSFERRED

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:

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 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 kind of 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 had a diagnosed 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”.

Firearms Licence No: Category: Licence Type:

Particulars of firearm intending to be acquired or purchased – a private sale must include serial number:

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

Private Purchase Sellers Name: Licence Number: State / Territory:
Sellers Signature:

Dealer Purchase Name: Licence Number: State / Territory:

Collectors **Antique** (Pre 1901) **Modern** **For Handguns** – Cat H ..Pre 1946 ..Post 1946
Must attach supporting research documents (must be relevant to theme) – for antique pieces show research / proof of age.

....Other **Deceased Estate** **Interstate Transfer**

NOTE: For Overseas Purchase attach Application for Police Authorisation - B709 to complete application **NOTE: Attach a Statutory Declaration OR a Letter from the Executor of the Estate to complete application** **NOTE: Attach copies of Interstate Registration Certificate to complete application**

An application for a category C, D or H firearm will require supporting documentation (statement of genuine reason or a Club Certificate PF474 or PF474C)

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 <i>Firearms Act</i> and acknowledge to make a false statement in an application is an offence under Section 89(1) of that Act.	Declared at (Police Station):
Signature of applicant:..... Date: / /
PRINTED NAME:.....

PENALTY: 100 PENALTY UNITS OR IMPRISONMENT FOR 2 YEARS FOR FALSE OR MISLEADING STATEMENT.
RECEIVING MEMBER – See overleaf to complete application
- 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: /...../.....
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CHARACTER / CONVICTION - POLICE USE ONLY

<input type="checkbox"/> PROMIS check completed (by member receiving application)		<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"/> IJIS check completed (by member receiving application)		<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"/> NFLRS check completed (if required) (Interstate Licence Transfer)		<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"/> NPRS check completed		<input type="checkbox"/> Known <input type="checkbox"/> unknown <input type="checkbox"/> Not relevant <input type="checkbox"/> Relevant, Attach printout of details	

COMPLETED APPLICATION MUST BE SCANNED TO SAFER AND EMAILED TO

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

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