

NORTHERN TERRITORY POLICE

Northern Territory *Firearms Act 1997*

APPLICATION FOR FIREARMS EMPLOYEE LICENCE (DEALER EMPLOYEE (NOMINEE))

Read the instructions attached before completing the form.

TO BE LODGED IN PERSON AT A NORTHERN TERRITORY (NT) POLICE STATION.

EMPLOYEES LICENCE DEALER EMPLOYEE (NOMINEE) LICENCE (NO FEE)

POLICE USE ONLY

NT Firearms Licence No:

.....

Fee:

Receipt No:

Date: / /

Section 1: Personal Details *Please tick appropriate boxes*

Current Name				
Surname		Given Name		Middle Name
Date of Birth	DD / MM / YYYY	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Place of Birth	Town	State	Other <input type="checkbox"/> (Indeterminate/Intersex/unspecified)	
Have you ever legally changed your name?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide details below
Have you ever been known by another name (not including legal name changes)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide details below
Previous / Other Name (if applicable)				
Surname		Given Name		Type of change (<i>Deed poll, marriage, alias, etc.</i>)

Section 2: Licence Details

Licence Details			
Drivers Licence Number:		Interstate / NT Firearms Licence Number:	
State.....	Expiry Date.....	State.....	Expiry Date.....

*You must be a permanent resident of the NT (to be eligible to get a NT Employee firearms licence) and must provide proof of residency, evidenced by a drivers licence or Bank Statement or utilities account or electoral enrolment or letter from employer with **current** residential address displayed.*

Section 3: Firearms Safety Training Certificate (FSTC)

Firearms Safety Training Certificate (FSTC)			
Completed and Attached <input type="checkbox"/>	Interstate Qualification Attached <input type="checkbox"/>	Hold Current NT Firearms Licence <input type="checkbox"/>	
Not Completed <input type="checkbox"/>	Reason	FSTC Booked / Renewal Booked <input type="checkbox"/>	

Section 4: Contact Details

Applicants Contact Details		
Home Phone Number	Work Phone Number	Mobile Phone Number
Email:		

Section 5: Address Details

Applicants Current Residential Address Details	
Current Residential Address	Post Code
Current Postal Address	Post Code



NORTHERN TERRITORY POLICE

Northern Territory *Firearms Act 1997*

PF463 Ver2.0
Revised 11/20

Section 6: Business / Employment Details

Business / Employment Contact Details	
Name:	Applicants Occupation:
Phone Number:	Mobile Number:
Email:	
Physical Address (Not PO Box):	Post Code:
Postal Address:	Post Code:

Section 7: Employer Endorsement *see note Please tick appropriate box or boxes

To be Completed and Signed by the Employer
<p>I,(Employer Name) Of,(Address)</p> <p>Corporate Licence No: require (Employee Name)</p> <p>to have in his/her possession whilst employed by my company as a(Employee Occupation)</p> <p>for the following categories of firearms: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/></p> <p>All firearms used by this person (as selected above) will be registered to the Company and will only be used in conjunction with his/her employment.</p> <p><small>*Note – Employer MUST select one more categories of firearms. Employee may or may not have access to all the firearms listed under the Employee Corporate Licence. Refer to instructions for more information.</small></p> <p>He/she has undergone a Firearm Safety and Training Course: YES <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Certificate Attached: YES <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><small>Note: Within the last 5 years for all types of Employees (Exception: Dealer Employee (Nominee) – N/A). The last 12 months for the security industry Employees. Within the last 2 years for Government Employees.</small></p> <p>NOTE: If the applicant is applying for a first issue of a licence for the security industry, has he/she must have undergone counselling by a solicitor in relation to the legal use of firearms and a letter from legal practitioner proving that they have been briefed must be attached.</p>
Employer 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 <i>Firearms Act</i> and acknowledge to make a false statement in an application is an offence under Section 89 of that Act.</p> <p>Employer Signature: Date: / /</p> <p>Employer Full Name:</p>
<p>Declared at (Place):</p>



NORTHERN TERRITORY POLICE

Northern Territory Firearms Act 1997

Section 8: Information Disclosure *Please Tick appropriate boxes*

Information Disclosure	
<p>Applicants must answer all the questions (including First Time Applicants).</p> <p>If previously licensed, this section refers to the period since the issue of your last licence.</p> <p>Failure to disclose information may result in refusal of this application.</p>	
<p>Since your last application under the <i>NT Firearms Act</i>, or for a first time applicant, have you been listed as a defendant in an interim or final (confirmed) Domestic, Personal or Apprehended Violence Order (DVO, PVO, AVO) or other similar restraining orders, including interstate and overseas?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Since your last application under the <i>NT Firearms Act</i>, or for a first time applicant, have you had a finding of guilt against you, for any offence, not including minor traffic offences, including</p> <ul style="list-style-type: none"> - Any interstate or overseas findings of guilt. - A finding of guilt not proceeding to conviction. - A finding of guilt acquired whilst under the age of 18 (Youth offences). 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Since your last application under the <i>NT Firearms Act</i>, or for a first time applicant, have you ever been diagnosed with a mental health disorder e.g. chronic depression, post-traumatic stress disorder?</p> <p>If yes, please provide a report from your treating General Practitioner in support of your application. <i>*see note</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Since your last application under the <i>NT Firearms Act</i>, or for a first time applicant, have you threatened or attempted self-harm?</p> <p>If yes, please provide a report from a psychiatrist in support of your application. <i>*see note</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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”*

Section 9: Privacy Disclaimer and Declaration

Privacy Disclaimer	
<p>Privacy Disclaimer: Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information from your application to ensure compliance with legislation and to support related processes. This collection is authorised and required by the <i>NT Firearms Act and Regulations</i>. Through national agreements the NTPFES will provide some or all of this information to other agencies with an interest in firearm permits, licensing, and registrations. Failure to provide this information in full or in part may result in your application not being processed or being refused.</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 NTPFES by phoning 08 8999 5511 (NT Government Switch).</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 <i>Firearms Act</i> and acknowledge to make a false statement in an application is an offence under Section 89 of that Act.</p> <p>Applicant’s Signature: Date: / /</p> <p>Applicant’s Name:</p>	<p>Declared at (Place):</p> <p>.....</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 –

- Receiving Member to Complete Next Page -



NORTHERN TERRITORY POLICE

PF463 Ver2.0
Revised 11/20

Northern Territory *Firearms Act 1997*

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. :		

WRITTEN FIREARMS SAFETY AND TRAINING CERTIFICATE - POLICE USE ONLY

Completed and attached

Not Completed – Reason Renewal Interstate Transfer Other attached

Holds current NT FTSC (Firearm Training Safety Certificate) *{NOTE – Valid for 5 years from date of issue}*

New Photograph taken (email to: firearmsregistry@pfes.nt.gov.au) **NOTE:** Supporting documentation **must** be attached

Application updated on SAFER Yes No If No reason:

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"/> AFIN / 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"/> MDEA / 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 ADDED TO SaFER AND APPLICATION UPLOADED TO SaFER DOCUMENTS.
firearmsregistry@pfes.nt.gov.au

RETAIN THE ORIGINAL FORM AT RECEIVING STATION

For more information visit: <https://pfes.nt.gov.au/police/firearmsweapons>