



Read the instructions attached before completing the form.  
**TO BE LODGED IN PERSON AT A NORTHERN TERRITORY (NT)  
POLICE STATION.**

(Please tick  appropriate box)

- Employees Licence**  
 **Dealer Employee (Nominee) Licence (No Fee)**

## POLICE USE ONLY

NT Firearms Licence No:

Fee:

Receipt No:

Date:

## Section 1: Personal details

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

## 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)	
<input type="checkbox"/> 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"/> Not completed	Expiry date:
<input type="checkbox"/> FSTC booked/Renewal booked	Reason

Note: FSTC is not required for Category A, B Employee Licence if applicant holds current Category A, B Shooters' Licence

Note: An existing FSTC remains valid unless Employee Licence is allowed to expire. In this case a new FSTC must be completed and supplied.

## 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

Section 6: Business/Employment Details

Business/Employment contact details	
Business name:	Applicants occupation:
Business phone number:	Mobile number:
Business email:	
Physical address (of business):	Post Code
Postal address: (for business):	Post Code

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

Employer endorsement	
I,	(Employer name) Of,
Corporate Licence No:	require
to have in his/her possession whilst employed by my company as a,	(Employee name)
for the following categories of firearms: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H	(Employee occupation)
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.	

*\*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.*

He/she has undergone a Firearm Safety and Training Course: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

*Note: Within the last 5 years for all types of Employees (Exception: Dealer Employee (Nominee) - N/A). T he last 12 months for the security industry Employees. Within the last 2 years for Government Employees.*

**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.

Employer declaration	
I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the <i>NT Firearms Act 1997</i> and acknowledge to make a false statement in an application is an offence under Section 89 of that Act.	Declared at (Place):
Employer signature: _____	Date: _____
Employer full name: _____	_____

Section 8: Information disclosure *\*see note Please tick  appropriate box or boxes*

Applicants must answer all the questions (including First Time Applicants and Interstate Transfers) If previously licensed in NT, this section refers to the period since the issue of your last licence.		
Failure to disclose information may result in refusal of this application.		
Since your last application under the <i>NT Firearms Act 1997</i> , or for a first time applicant (including interstate transfer), 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Since your last application under the <i>NT Firearms Act 1997</i> , or for a first time applicant (including interstate transfer), have you had a finding of guilt against you, for ANY offence, including: - Any interstate or overseas findings of guilt. - A finding of guilt with no conviction recorded. - A finding of guilt acquired whilst under the age of 18 (youth offences).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Since your last application under the <i>NT Firearms Act 1997</i> , or for a first time applicant (including interstate transfer), have you ever been diagnosed with a mental health disorder e.g. chronic depression, post-traumatic stress disorder? If yes, please provide a report from your treating General Practitioner in support of your application. <i>(*see note)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Since your last application under the <i>NT Firearms Act 1997</i> , or for a first time applicant (including interstate transfer), have you threatened or attempted self-harm? If yes please provide a report from a psychiatrist in support of your application. <i>(*see note)</i>	<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 permit to acquire a firearm".*

Section 9: Privacy disclaimer and declaration

Privacy disclaimer	
<p><b>Privacy disclaimer:</b> 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 1997</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>NT Firearms Act 1997</i> and acknowledge to make 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 -**

Receiving Member to Complete Next Page

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				
<input type="checkbox"/> Completed and attached <input type="checkbox"/> Not Completed – reason <input type="checkbox"/> Renewal <input type="checkbox"/> Interstate transfer <input type="checkbox"/> Other attached				
<input type="checkbox"/> Holds current NT FTSC (Firearm Training Safety Certificate) {NOTE - Remains valid unless licence expires}				
<input type="checkbox"/> New Photograph taken <input type="checkbox"/> (email to: <a href="mailto:firearmsregistry@pfes.nt.gov.au">firearmsregistry@pfes.nt.gov.au</a> ) NOTE: Supporting documentation must be attached				
<input type="checkbox"/> Application updated on SaFER <input type="checkbox"/> Yes <input type="checkbox"/> No				
If No reason:				
Note: FSTC is not required for Category A, B Employee Licence if applicant holds current Category A, B Shooters' Licence				
Character / Conviction				
<input type="checkbox"/> <b>PROMIS check completed</b> (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"/> Yes	<input type="checkbox"/> No	If yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal) <input type="checkbox"/> Relevant, attach printout of details
Involvements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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"/> Yes	<input type="checkbox"/> No	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</b> (by member receiving application)			<input type="checkbox"/> Unknown	
			<input type="checkbox"/> Known – IJIS ID:	
Criminal/Traffic history:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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"/> Yes	<input type="checkbox"/> No	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"/> Yes	<input type="checkbox"/> No	If yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal) <input type="checkbox"/> Relevant, attach printout of details
<input type="checkbox"/> <b>AFIN/NFLRS check completed</b> (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"/> Yes	<input type="checkbox"/> No	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>MDEA / 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	

COMPLETED APPLICATION MUST BE ADDED TO SaFER AND APPLICATION UPLOADED TO SaFER DOCUMENTS.

[firearmsregistry@pfes.nt.gov.au](mailto:firearmsregistry@pfes.nt.gov.au) - RETAIN THE ORIGINAL FORM AT RECEIVING STATION

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