



Application for Firearms Employee Licence

Northern Territory Firearms Act 1997

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

Employee of: (Please tick appropriate box)

- Firearms Dealer Licence
- Firearms Corporate Licence
- Firearms Museum Licence

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.) | |
| Licence details | | | | | |
| Drivers Licence Number: | | Interstate/NT Firearms Licence Number: | | | |
| State: | Expiry date: | State: | Expiry date: | | |
| Applicants contact details | | | | | |
| Home phone number | | Work phone number | Mobile phone number | | |
| Email | | | | | |
| Applicants current residential address details | | | | | |
| Current residential address | | | Post Code | | |
| Current postal address (if different to above) | | | Post Code | | |

Section 2: 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 3: Employer endorsement **see note Please tick appropriate box or boxes*

| Business/Employment contact details | |
|--|--|
| I, _____ (Employer name) Of, _____ (Address) | |
| Business name: _____ | |
| Corporate/Dealer/Museum Licence No: _____ | |
| require _____ (Employee name) | |
| to have in his/her possession whilst employed by my company as a, _____ (Employee occupation) | |
| 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 | |
| Additional information must be provided in an attached letter, on company letterhead, detailing the duties of the employee and the need to possess/use each different category of firearm applied for. | |
| All firearms used by this person (as selected above) will be registered to the Company and will only be used in conjunction with their employment. | |

**Note - Employer MUST select one or more categories of firearms. Employee may or may not have access to all the firearms listed under the Corporate/Dealer/Museum 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"/> Booked |
| Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Note: An existing FSTC remains valid unless Employee Licence is allowed to expire. In this case a new FSTC must to completed and supplied. For Cat C Tranquillizer must show documentation of training in safe use/dosage of drugs and the application of antidotes/first aid in case of accidents.

NOTE: An applicant for a an employee licence related to the security industry must have undergone an information session with a solicitor in relation to the legal use of firearms in respect of the *NT Criminal Code Act 1983*. A signed letter from the solicitor stating that the applicant has participated in that information session must be attached to this application.

| 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>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 4: Information disclosure *see note Please tick appropriate box or boxes

| Failure to disclose information may result in refusal of this application | | |
|--|------------------------------|-----------------------------|
| Do you have, or have you ever had, a Domestic Violence Order or other similar Restraining Order issued against you? (including interstate and overseas) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Have you ever been refused a Firearms Licence or Permit or had a Firearms Licence or permit suspended, revoked or cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Have you ever appeared before a Court of Law, panel or judicial body of any kind charged with any offence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Do you have any charges presently before a Court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Have you ever suffered from a diagnosed mental health disorder e.g. chronic depression, PTSD? (If Yes please provide a report from your treating General Practitioner in support of your application.)* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Have you ever threatened or attempted self-harm? (If Yes, please provide a report from your treating psychiatrist in support of your application.)* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Do you have any physical or mental illness, condition or disorder which may render you unfit to possess a firearm? (If Yes, please provide a report for your treating General Practitioner in support of your application.)* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Have you ever been treated for alcohol or drug related problems? (If Yes, please provide a report from your treating General Practitioner in support of your application.)* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |
| Have you ever been treated for serious impairment of eyesight? (If Yes, please provide a report from your treating General Practitioner in support of your application.)* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details: | | |

*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"

| Privacy disclaimer | |
|---|-----------------------------|
| <p>Privacy disclaimer: Northern Territory Police Force (NTPF) 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 1997</i> and <i>Firearms Regulations 1997</i>. Through national agreements the NTPF 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 NTPF 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 1997</i> and acknowledge to make a false statement in an application is an offence under Section 89 of that Act.</p> <p>Employee signature: _____ Date: _____</p> <p>Employee 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 | <input type="checkbox"/> Not completed - reason | <input type="checkbox"/> Renewal | <input type="checkbox"/> Interstate transfer |
| <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"/> Place in (N:) nshare - SaFER app photos or email to: firearmsregistry@pfes.nt.gov.au | | | |
| <input type="checkbox"/> Application updated on SaFER | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If No, reason: | | | |

Note: FSTC is still required for Category A, B Employee Licence even if applicant holds current Category A, B Shooters' Licence

| | | | | |
|--|------------------------------|-----------------------------|---------|---|
| <input type="checkbox"/> SerPro ID check completed (by member receiving application) | | | | <input type="checkbox"/> Unknown - new SerPro ID: |
| | | | | <input type="checkbox"/> Known - SerPro 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"/> IJIS check completed (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"/> AFIN/NFLRS check completed | | | | <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"/> MDEA/NPRS/NCIS 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>