



# Application for Collector or Antique Collector Firearm 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

## Police use only

NT Firearms licence no:

Fee:

Receipt no:

Date:

SerPro no:

## Section 1: Collector type (Please tick appropriate box)

| Type of collector                  |  |
|------------------------------------|--|
| <input type="checkbox"/> Collector | <input type="checkbox"/> Antique Collector |

## Section 2: Personal details \*see note

| Name                                 |  |  |
|--------------------------------------|--|--|
| Family name:                         | Given name/s:  | Middle name/s:                         |
| Preferred name:                      | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified | Date of birth:                         |
| Place of birth: Town:                | State:   | Country:                               |
| Previous/other name (if applicable)  |  |  |
| Have you been known by another name? | <input type="checkbox"/> Yes <input type="checkbox"/> No   | If Yes, provide details below          |
| Surname:                             | Given name/s:  | Type of change: (Marriage, alias etc.) |
| Surname:                             | Given name/s:  | Type of change: (Marriage, alias etc.) |
| Address details                      |  |  |
| Current residential address:         |  |  |
| Current postal address:              |  |  |
| Contact details                      |  |  |
| Home phone number:                   | Mobile phone number:   |  |
| Email address:                       |  |  |
| Preferred method of contact:         | <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email              |  |

*Note: You must be a permanent resident of the NT to be eligible for a NT Firearms collector or antique licence and must provide proof of residency.*

## Section 3: Licence details

| Licence details        |              |                              |              |
|------------------------|--------------|------------------------------|--------------|
| Driver licence number: |              | Current Firearms licence no: |              |
| State:                 | Expiry date: | State:                       | Expiry date: |

### Section 4: Employment details

| Employment details       |                           |
|--------------------------|---------------------------|
| Employer's name:         | Applicant's occupation:   |
| Employer's phone number: | Employer's mobile number: |
| Employer's address:      |                           |
| Employer's email:        |                           |

### Section 5: Firearm category (Please tick appropriate box)

| Category of firearm        |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> H |

### Section 6: Association details *\*see note*

| Collectors association                   |  |                  |
|--|--|------------------|
| Name of association:                     |  |                  |
| Membership no:                           | Membership join date:                                    |                  |
| Are you recognised as a Student of arms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date recognised: |

*Note: The application will not be considered a student of arms unless all other requirements have been demonstrated - refer to Information sheet.*

### Section 7: Reason for licence *\*see note*

| Reason for licence     |
|------------------------|
| Brief description only |

*Note: If you require a licence for category C, D and H firearms, you must provide a genuine need i.e. necessary or essential. Attach a letter outlining details of the theme for the type of firearms being sought to collect. Further information on Student of arms are detailed in the information sheet.*

## Section 8: Firearm training and safety course (FTSC)

### Firearm training and safety course

Applicant has undergone a Firearm Training and Safety Course:  Yes  No

## Section 9: Storage and safekeeping of firearms

### Storage details

Self-storage (Category A and B (C, D and H if previously inspected))  
(Attach PF491 Self declaration for storage/safekeeping of firearms)

Self-storage (Category C, D and H)  
(Attach PF482 Permission to inspect premises (First time applicants/new safe/new location))

Storage with the dealer or another licence holder  
(Attach PF492 Permission to store firearms notice)

## Section 10: Information disclosure \*see notes (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)  Yes  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?  Yes  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?  Yes  No

If Yes, please provide details:

Do you have any charges presently before a court?  Yes  No

If Yes, please provide details:

Have you ever suffered from a diagnosed mental health disorder e.g. chronic depression, PTSD?  Yes  No

(If Yes please provide a report from your treating General Practitioner in support of your application) \*

If Yes, please provide details:

Have you ever threatened or attempted self-harm?  Yes  No

(If Yes, please provide a report from your treating psychiatrist in support of your application) \*

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?  Yes  No

(If Yes, please provide a report from your treating General Practitioner in support of your application) \*

If Yes, please provide details:

Have you ever been treated for alcohol or drug related problems?  Yes  No

(If Yes, please provide a report from your treating General Practitioner in support of your application) \*

If Yes, please provide details:

| Failure to disclose information may result in refusal of this application  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever been treated for serious impairment of eyesight?<br>(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:  |                              |                             |
| Is there any other information that may assist in the determination of your application?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide details:  |                              |                             |

Note: Medical reports must state that the treating doctor or psychiatrist "does not consider the applicant to be a risk to themselves or others if granted a Firearms collectors or antique licence".

## Section 11: Privacy disclaimer and declaration

| Privacy disclaimer  |                            |
|---|----------------------------|
| <p>The Northern Territory Police (NTP) is collecting information from your application to ensure compliance with legislation. This collection is authorised and required by the NT <i>Firearms Act 1997</i> and NT <i>Firearms Regulations 1997</i>.</p> <p>Through national agreements the NTP will provide this information to other agencies. Failure to provide this information in full or in part may result in refusal of your application.</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 NTP by phoning 08 8922 3543.</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 NT <i>Firearms Act 1997</i> and acknowledge that 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

| 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:  |  |                |
| Checklist   |  |                |
| <input type="checkbox"/> Application completed and signed   |  |                |
| <input type="checkbox"/> New Photograph taken   |  |                |
| <input type="checkbox"/> Firearm Training and Safety certificate  |  |                |
| <input type="checkbox"/> Proof of Identity  |  |                |
| <input type="checkbox"/> Evidence of Residency  |  |                |
| <input type="checkbox"/> A signed letter outlining the reason for applying for an antique collectors licence  |  |                |
| <input type="checkbox"/> Copy of current membership of approved historical firearms collector society or club |  |                |
| <input type="checkbox"/> Documents relating to Information disclosure section (if applicable)                 |  |                |
| <input type="checkbox"/> Storage and safekeeping form   |  |                |
| <input type="checkbox"/> Application entered on SaFER   |  |                |

Note: Ensure application is uploaded to the applicant's SaFER document folder