



Northern Territory
Police Force

Application for Category H Sports Shooter's Licence/Permit

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

This form is for applicants over the age of 18

Police use only

NT Firearms Licence no:

Fee:

Receipt no:

Date:

SerPro no:

Section 1: Licence type **see note*

Licence type

Category H Sports Shooter's Permit

Category H Sports Shooter's Licence

Note: Applicants must have held a Category H Sports Shooter's Permit (for at least 3 months) prior to applying for a Category H Sport Shooter's Licence.

Section 2: Personal details *see note*

Name

Family name:

Given name/s:

Middle name/s:

Preferred name:

Gender: Female Male Unspecified

Date of birth:

Place of birth: Town:

State:

Country:

Previous/other name (if applicable)

Have you been known by another name? Yes 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: Phone Mobile Email

Note: You must be a permanent Australian resident to be eligible for a NT firearms licence and must provide proof of NT residency.

Section 3: Next of Kin

Details	
Name:	
Address:	
Contact no:	Email address:

Section 4: Licence details

Licence details			
Driver licence number:		Current firearms licence number:	
State:	Expiry date:	State:	Expiry date:

Section 5: 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 6: Firearm club

Firearm club detail	
Name of club:	Membership number:
Membership join date:	

Section 7: Firearm safety and training course **see note*

Firearm safety and training course	
Has applicant undergone a Firearm Safety and Training Course:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Not required for Category H Sports Shooters Permit.

Section 8: Storage and safekeeping of firearms *see note* (Please tick appropriate box)

Storage details	
<input type="checkbox"/> Self-storage (Category H if previously inspected) (Attach PF491 Self declaration for storage/safekeeping of firearms)	
<input type="checkbox"/> Permission to inspect (Category H) (Attach PF482 Permission to inspect premises (First time applicants/new safe/new location))	
<input type="checkbox"/> Storage with the dealer or another licence holder (Attach PF492 Permission to store firearms notice)	

Note: Not required for Category H Sports Shooters Permit as an applicant cannot purchase a firearm under this permit.

Section 9: Information disclosure **see note* (Please tick appropriate box)

Failure to disclose information may result in refusal of this application (Select Yes if unsure)		
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 (regardless of the outcome)?	<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? <small>(If Yes please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever threatened or attempted self-harm? <small>(If Yes, please provide a report from your treating psychiatrist in support of your application) *</small>	<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? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for alcohol or drug related problems? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for serious impairment of eyesight? <small>(If Yes, please provide a report from your treating General Practitioner in support of your application) *</small>	<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

Section 10: Privacy disclaimer and declaration

Privacy disclaimer

The Northern Territory Police Force (NTPF) is collecting information from your application to ensure compliance with legislation. This collection is authorised and required by the NT *Firearms Act 1997* and NT *Firearms Regulations 1997*.

Through national agreements the NTPF will provide this information to other agencies. Failure to provide this information in full or in part may result in refusal of your application.

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 8922 3543.

Declaration

I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the NT *Firearms Act 1997* and acknowledge that a false statement in an application is an offence under Section 89 of that Act.

Declared at (place)

Applicant signature: _____ Date: _____

Applicant full name: _____

Penalty: 100 penalty units or imprisonment for 2 years for false or misleading statements

Firearms ownership is not a right, it's a responsibility

Application for Category H Sports Shooter's Licence/Permit

Police use only		
Checklist		
<input type="checkbox"/> Application completed and signed		
<input type="checkbox"/> New photograph taken		
<input type="checkbox"/> Firearm safety and training certificate attached, or <i>(not required for Sports Shooters Permit)</i>		
<input type="checkbox"/> Proof of identity <i>(100 points required)</i>		
<input type="checkbox"/> Evidence of NT residency		
<input type="checkbox"/> Evidence of Australian residency (if applicable)		
<input type="checkbox"/> Certificate of Firearm Club Membership - PF474A <i>(required for Sports Shooters Permit)</i>		
<input type="checkbox"/> Certificate of Firearm Club Membership - PF474B <i>(Required for Category H Sports Shooters Licence)</i>		
<input type="checkbox"/> Record or participation OR letter of explanation as per record of participation (where applicant has held a Category H license previously required for last 12 months)		
<input type="checkbox"/> Permit has been held for at least 3 months		
<input type="checkbox"/> Storage and safekeeping form (Category H Sports Shooter's only)		
<input type="checkbox"/> Documents relating to Information disclosure section (if appl		
<input type="checkbox"/> Application entered on SaFER		
Receiving member to complete		
Member name (Print):	Signature of member receiving application:	Date received:
Position/Rank:	Police station received at:	
Reg. no:		

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