



Can be lodged in person at a Northern Territory (NT) police station or emailed to [firearmsregistry@pfes.nt.gov.au](mailto:firearmsregistry@pfes.nt.gov.au)

Police use only	
NT Firearms Licence no:	
Date:	

## Section 1: Type of change (Please tick appropriate boxes)

Type of change		
<input type="checkbox"/> Change of name and/or address	<input type="checkbox"/> Disposed firearm	<input type="checkbox"/> Firearm stolen or lost

## Section 2: Current name and address \*see note

Current name		
Family name:	Given name/s:	Middle name/s:
Type of change: (Marriage, alias etc.)		
Date of birth:	Place of birth:	
Current address details		
Current residential address:		
Current postal address:		
Current 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: provide appropriate supporting documentation to validate any requested changes*

## Section 3: Previous details

Previous name		
Family name:	Given name/s:	Middle name/s:
Previous address details		
Previous residential address:		
Previous postal address:		

## Change of Personal and firearm particulars

### Section 4: Current employment details

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

### Section 5: Particulars of firearm

Cat	Make/Brand	Model	Serial no	Action	Caliber (e.g. 300 Win Mag)	Cap	Year of Manufacture	Barrel length (Cat H only)

### Section 6: Storage location (Please tick appropriate boxes)

Change of storage address
Has your storage location changed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, select one of the following options</b>
<input type="checkbox"/> Self-storage (Category A and B) (Attach PF491 Self declaration for storage/safekeeping of firearms)
<input type="checkbox"/> Self-storage (Category C, D & H (if previously inspected))
<input type="checkbox"/> Permission to inspect premises (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)

### Section 7: Disposed of / Lost / Stolen firearm (Please describe the circumstances) *\*see note*

Privacy disclaimer	
<input type="checkbox"/> I have disposed of the firearm by:	
<input type="checkbox"/> I have lost the firearm/s, Details:	
<input type="checkbox"/> I have had the firearm stolen:	Reported to Police station at:
Police Report No:	Date:

*Note: Supporting evidence or a statutory declaration must be submitted where a firearm/s is lost.*

## Section 8: Privacy disclaimer and declaration

### Privacy disclaimer

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 *Firearms Act 1997* and NT *Firearms Regulations 1997*.

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.

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.

### 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

### 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:		

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