



**Northern Territory  
Police Force**

# Application for a Duplicate Firearms Licence and Registration Certificate

Northern Territory Firearms Act 1997

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: Duplicate document type (Please tick appropriate boxes)

### Duplicate document type

Firearms licence

Registration certificate

## 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:

Current residential address:

Current postal address:

Home phone number: Mobile phone number:

Email address:

Preferred method of contact:  Phone  Mobile  Email

*Note: For a duplicate firearm licence, a photograph must be taken*

## Section 3: Licence details

### Licence details

Driver licence number: Current Firearms licence no:

State: Expiry date: State: Expiry date:

## Section 4: Reason for requiring a duplicate (Please tick appropriate boxes)

### Reason for request

I hereby apply for a duplicate copy of my document which has been:  Destroyed  Lost  Stolen

If Stolen, reported to Police Station at:

Date: / /

Report no:

Section 5: Firearm licence type and category

**Firearm licence type and category**

Firearm licence type:

Firearm category:  A  B  C  D  H

Section 6: Firearm particulars– Duplicate registration required

Cat	Make/Brand	Model	Serial no.	Action	Caliber (e.g 300 Win Mag)	Cao	Barrel Length (Cat H only)

Section 7: 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)  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 (regardless of the outcome)?  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 (Select Yes if unsure)**

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
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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
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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 8: 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**

<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>
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**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		
Checklist		
<input type="checkbox"/> Application completed and signed		
<input type="checkbox"/> Proof of Identity (100 points required)		
<input type="checkbox"/> Evidence of NT Residency		
<input type="checkbox"/> New photo taken		
<input type="checkbox"/> Documents relating to Information disclosure section (if applicable)		
<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 to the applicant's SaFER document folder