



Police use only

NT Firearms licence no:

Date:

SerPro:

Section 1: Personal details

Personal details

Family name:	Given name/s:	Middle name/s:
Residential address:		
Firearm licence number:		

Section 2: Firearm category (Please tick appropriate box)

Category of firearm to be stored

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> H
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Section 3: Particulars of firearms **see note*

Particulars of firearms kept under and/or used for the firearm licence

Category	Make/Brand	Model	Serial number	Action type	Calibre (e.g. 300 Win Mag)	Capacity

Note: When reapplying for a current firearm licence, list existing firearms. Attach additional list of firearms on a separate page (if required)

Police use only				
Member inspecting premises to complete				
Inspection date:			Inspection time:	
Category of firearm to be stored				
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> H
Storage details				
Storage address:				
Where the safe/storage is located (i.e. spare bedroom or under house):				
Storage make:		Storage model:		Capacity of storage:
Is the storage made of solid steel (including the side and door): <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the thickness of the side: _____ mm			What is the thickness of the door: _____ mm	
Are all edges rolled for folded: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are the doors recessed or flush fitted and sized to prevent leverage points: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are all hinges non-removable and constructed in the same manner as safe-style hinges: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the safe/storage bolted to a wall or floor: <input type="checkbox"/> Yes <input type="checkbox"/> No			How many bolt down points:	
Is the swinging edge greater than 500mm (Category H Only): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are the locks internal/inbuilt: <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the safe have a separate compartment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional security arrangements:				
Recommendations to update: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, details				
Photographs attached: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional storage and safe keeping details				
Premises				
<input type="checkbox"/> Approved			<input type="checkbox"/> Not Approved	
Inspecting members details				
Signature:	Member:	Position / Rank	Reg No	Date: