



Read the instructions attached before completing the form.

To be lodged in person at a Northern Territory (NT) police station

Your current firearm licence must be sighted with this application. A separate fee is required for each firearm to be acquired.

### Police use only

|   |
|---|
| NT Firearms licence no:   |
| Fee:  |
| Receipt no:   |
| Date:   |
| SerPro no:  |
| Firearm sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sighted by:   |
| Purchase permit no:   |

### Section 1: Firearms category *\*see note* (Please tick appropriate boxes)

| Category of firearm intended to acquire                 |                            |                            |
|---|----------------------------|----------------------------|
| Recreational Shooting and/or Hunting or Sports Shooting |                            |                            |
| <input type="checkbox"/> A                              | <input type="checkbox"/> B | <input type="checkbox"/> C |

*Note: . An application for category C firearm MUST provide supporting documentation (statement of need/reason).*

### Section 2: Genuine reason

| Genuine reason  |  |
|---|--|
| <input type="checkbox"/> Recreational shooting or hunting | <input type="checkbox"/> Sports shooting |

*Note: Genuine reason of Sports shooting require the applicant to complete and attach a Certificate of firearm club membership Purchase Category C-PF474D*

### Section 3: Personal details

| 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:   |  |  |

## Application for Firearms Purchase or Transfer Permit - Individual

| 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 |                      |

### Section 4: Licence details

| Licence details        |              |                              |              |
|------------------------|--------------|------------------------------|--------------|
| Driver licence number: |              | Current Firearms licence no: |              |
| 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: Type of purchase or transfer *\*see notes*

| Type of permit  |                        |
|---|------------------------|
| Purchase permit   |                        |
| <input type="checkbox"/> NT Dealer purchase   |                        |
| NT Dealers name:  | NT Dealers licence no: |
| <input type="checkbox"/> Private purchase   |                        |
| Sellers licence no:   | Sellers name:          |
| State/Territory:  | Sellers signature:     |
|   | Date purchased:        |
| <input type="checkbox"/> Interstate dealer purchase   |                        |
| Interstate dealer/Sellers licence no:   |                        |
| Interstate dealer/Sellers name:   | State/Territory:       |
| <input type="checkbox"/> Interstate transfer (Firearms transfer between other State/Territory to Northern Territory)                |                        |
| Interstate licence no:  | State/Territory:       |
| <i>Note: A copy of the Interstate Registration Certificate should be attached to avoid delays in processing.</i>                    |                        |
| <input type="checkbox"/> Overseas purchase / acquisition  | Details:               |
| <i>Note: For overseas purchase a 'Application for Police Authorisation' – B709 must be completed and submitted the application.</i> |                        |



Section 9: Information disclosure *\*see notes* (Please tick  appropriate box or boxes)

| 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 <b>ever</b> 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?<br><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?<br><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?<br><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?<br><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?<br><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 Firearms collectors or antique licence".*

## 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.

Applicant signature: \_\_\_\_\_ Date:    /    /

Applicant full name: \_\_\_\_\_

Declared at (place)

**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"/> Deceased estate documentation (if applicable)                                       |  |                |
| <input type="checkbox"/> Certificate of firearm club membership – PF474D (Sports shooting – Category C only) |  |                |
| <input type="checkbox"/> Interstate registration documents (if applicable)                                   |  |                |
| <input type="checkbox"/> B709 - Application to import firearms and weapons form (overseas purchases)         |  |                |
| <input type="checkbox"/> Documents relating to Information disclosure section (if applicable)                |  |                |
| <input type="checkbox"/> Application entered on SaFER  |  |                |
| Receiving member details   |  |                |
| 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