**ADULT FIREARM LICENCE APPLICATION**

ACT Firearms Act 1996 - Part 7

**ACT Firearms Registry**

**Use Only**

**Licence Number:**

**You are required to provide 100 points of identity with your application for a new licence under this Act.**

**1. APPLICANT DETAILS *Please Use BLOCK LETTERS in dark pen only.***

**The applicant to complete.**

**1.1 APPLICANT DETAILS**

Surname

Given Name(s)

Date of Birth

dd mm yyyy

**1.2** Have you been known by any other names?

If yes, please provide details:

Yes No

Previous Surname

Previous Given Name(s)

**1.3 RESIDENTIAL DETAILS**

Street Number

Street Name

Suburb

State

**1.4 POSTAL ADDRESS** (if different from above)

Australian Capital Territory

Firearms Registry

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new licence under this Act.

**1. APPLICANT DETAILS *Please Use***

***BLOCK LETTERS in dark pen only.***

To be completed by The applicant for this Licence.

Family Name

Street Number

Post Code

Street Name

Suburb

State

Post Code

**1.5 CONTACT DETAILS**

Home Work

Mobile Fax

Employer

E-mail

**2. LICENCE CLASS**

**The applicant to**

**complete.**

This information is required to support your genuine reason.

**Genuine Reasons**

(See the Genuine

Reason Guide for further details:

Sport or Target

Shooting: Club Member,

Recreational Hunting or Vermin Control on rural land,

(Continued next page)

**2.1** Select the category of firearm(s) you are applying to be licenced to use and possess?

A B C H

**2.2** What is your Genuine Reason for having a firearm licence?

**2.3** What calibre of ammunition will you be using?

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Pg 1 of 6

**2. LICENCE CLASS (continued)**

**ADULT FIREARM LICENCE APPLICATION**

ACT Firearms Act 1996 - Part 7

**The applicant to complete.**

**Genuine Reasons**

(Continued)

**2.4** Have you ever held a firearms licence in the ACT or another state or territory in Australia?

If no, move to 2.5.

If yes, what was your previous firearms licence Number?

Yes No

Primary Production,

Vertebrate Pest Animal

Control,

Business or

What category of firearm(s) were you licenced for?

What state was this licence issued in?

A B C D H

Employment,

Occupational

ACT

NSW VIC TAS QLD NT SA WA

Requirements relating to rural purposes,

Animal Welfare.

**2.5** Have you ever been refused a firearms licence?

**2.6** Have you ever had a firearms licence cancelled or suspended?

Yes No

Yes No

What state was this licence issue

If there is insufficient space to complete a question, please provide additional details at the end of this application.

**2.7** If you answered yes to either 2.5 or 2.6, please provide the reason(s) why.

**2.8** Have you completed the relevant firearms safety training?

(All applicants that have not held a previous ACT Firearms Licence)

Yes No

**You must provide proof of the successful completion of an approved firearms safety training course**

**3. CLUB ASSOCIATIONS**

**The applicant to complete.**

**For applicants**

**3.1** Are you a member of an approved shooting club

that conducts competitions or activities requiring the use of a firearm for which the licence is sought?

Yes No

If no, go to 3.2

**applying for a Category H firearms licence with a genuine reason of Sport or Target Shooting**

If yes please provide the following details and complete 3.3, 3.4 & 3.5: Membership number

Club Name

**For applicants**

**applying for a Category A,B firearms licence with a genuine**

**3.2** Are you an active member of an approved shooting or hunting club that conducts competitions or activities requiring the use of a firearm for which the licence is sought?

Yes No

If no, go to 4.1

**reason of Sport or Target Shooting or Recreational Hunting/Vermin Control**

It is the responsibility of the applicant to provide evidence each year of participation in club shooting competitions, if

If yes please provide the following details and complete 3.3, 3.4 & 3.5:

Membership number

Club Name

**3.3** How often do you attend the club?

your genuine reason is

Sport or Target**3.4** Have you participated in any approved competitions or hunting activities since your last application?

Yes No

 Shooting. Failure to do

 so may result in the re-

 fusal of your application.

If there is insufficient space to complete a question, please provide additional details at the end of this application.

If yes please provide name, location and date of the competitions and/or hunting activities you participated in during the previous year.

AFP 3001 (1/09)

AF2009-1 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the ACT *Firearms Act 1996*.

Pg 2 of 6

Unauthorised version prepared by ACT Parliamentary Counsel’s Office

**ADULT FIREARM LICENCE**

**APPLICATION**

ACT Firearms Act 1996 - Part 7

**3. CLUB ASSOCIATIONS (Continued)**

**Club official to complete**

In completing this section the club official certifies that the club information given by the applicant is true and correct as recorded in the appropriate club records.

**3.5 Club Official Details**

Surname

Given Name(s)

Position held with in the club

Signature of Club Official

Date

dd mm yyyy

Club Stamp

**4. PERSONAL HISTORY**

**The applicant to complete**

This information is used to assess your suitability for a firearms licence.

If there is insufficient space to complete a question, please provide additional details at the end of this application.

**4.1** Do you have any physical and/or mental disability which may render you unfit to use or be in possession of a firearm?

If yes, please provide details:

Yes No

**4.2** Have you ever suffered or received treatment for any of the following:

Mental and or emotional illness?

Yes No

Excessive alcohol consumption?

Yes No

Illicit drug use or dependence?

Yes No

Fits, blackouts or dizziness? Serious head injuries?

Any other condition not previously mentioned?

Yes No

Yes No

Yes No

If you answered yes to any of 4.2 please provide details:

**4.3** Have you in the last 10 years been convicted of an offence?

If yes please provide details:

**4.4** Have you in the last 10 years entered into a recognisance to keep the peace or to be of good behaviour?

If yes please provide details:

Yes No

Yes No

AFP 3001 (1/09)

AF2009-1 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the ACT *Firearms Act 1996*.

Pg 3 of 6

Unauthorised version prepared by ACT Parliamentary Counsel’s Office

**ADULT FIREARM LICENCE**

**APPLICATION**

ACT Firearms Act 1996 - Part 7

**4. PERSONAL HISTORY (Continued)**

**The applicant to complete**

This information is used to assess your suitability for a firearms licence.

If there is insufficient space to complete a question, please provide additional details at the end of this application.

**4.5** Are you an Australian citizen?

**4.6** If no, when did you arrive in Australia?

**4.7** What is your country of birth?

**4.8** Are you a permanent resident of Australia?

**4.9** Are you in Australia on a Visa?

**4.10** What type of Visa do you hold?

Yes No

dd mm yyyy

Yes No

Yes No

If yes, go to 5.1

If no, go to 4.13

**4.11** What is the expiry date of your Visa?

dd mm yyyy

**4.12** Have you ever been refused a Visa?

If yes please provide details:

Yes No

**4.13** Have you ever been refused entry into or deported from Australia?

If yes please provide details:

Yes No

**4.14** Do you have a passport?

If yes, what is the passport number?

What is the country of issue?

Yes No

If no, go to 4.15

**4.15** Do you have a firearms licence issued by another country?

If yes, what is the firearms licence number? What is the country of issue?

Yes No

If no, go to 5.1

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Pg 4 of 6

Unauthorised version prepared by ACT Parliamentary Counsel’s Office

**ADULT FIREARM LICENCE**

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ACT Firearms Act 1996 - Part 7

**5. STORAGE**

**The applicant to complete.**

**Firearms and ammunition must be stored at an address with in the ACT.**

**5.1** How will your firearms be stored?

**5.2** How will your ammunition be stored?

**5.3** What address (in the ACT) do you wish to nominate as the registered address to store your firearm(s) and ammunition?

**6. APPLICANT DECLARATION**

**The applicant to complete.**

**6.1 APPLICANT DECLARATION**

DECLARATION

I declare that the answers I have given on this application are true and correct to the best of my knowledge.

I understand that it is an offence to deliberately make a false or misleading statement. I agree to abide by the ACT Firearms Act 1996. I also consent to Police making any enquiries necessary to assess this application.

Signature of person making the declaration

Australian Capital Territory

Firearms Registry

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**1. APPLICANT DETAILS *Please Use***

***BLOCK LETTERS in dark pen only.***

To be completed by The applicant for this Licence.

Family Name

dd mm yyyy

**ADDITIONAL INFORMATION**

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**Upon completion of this form please submit it in person at the ACT Firearms Registry.**

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fax: 02 62567758

Email: actfirearmsregistry@afp.gov.au

AFP 3001 (1/09)

AF2009-1 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the ACT *Firearms Act 1996*.

Pg 5 of 6

Unauthorised version prepared by ACT Parliamentary Counsel’s Office

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**APPLICATION**

ACT Firearms Act 1996 - Part 7

**ACT Firearms Registry Use Only.**

**Receipt Number**

**Date of Application**

**Amount $**

**Receipt**

**Date**

dd mm yyyy

dd mm yyyy

**ID Verification**

**Licence Conditions**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

Primary ID Number

Secondary ID

APPROVED

Australian Capital Territory

Firearms Registry

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Family Name

NOT APPROVED

**Licence Issue Date — No earlier than 28 days from the**

Signature of Approving Officer

**Approval Date**

**day after the application date.**

Printed Name and Badge Number

**Licence Issuer**

Signature of Issuing Officer

dd mm yyyy

**Licence Receiver**

Signature of Receiver

dd mm yyyy

Printed Name and Badge Number

Printed Name

dd mm yyyy

Applicant

Agent

dd mm yyyy

AFP 3001 (1/09)

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Pg 6 of 6

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