

**PROHIBITED WEAPON & ARTICLE PERMIT**

ACT Prohibited Weapons Act 1996 - Part 3

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fax: 02 62567758

Email: [actfirearmsregistry@afp.gov.au](mailto:actfirearmsregistry@afp.gov.au)

PERMIT NUMBER:

PXXXX

**Blue Original** - Applicant

(Returned to the registry within

7 days of the cancellation/

expiry date).

**Grey Duplicate** - Registry

**White Duplicate** - Book

**APPLICANT DETAILS**

Firearms licence number

(If applicable)

Surname

Given Name(s)

**PERMIT ADDRESS**

Date of Birth

dd mm yyyy

Street Number

Street Name

Suburb

State Post Code

**Reason for Permit**

(Skrike out which is not applicable).

Possession Possession & Use Display

**Item(s) Details**

Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION**

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.***

To be completed by The applicant for this Licence.

Family Name

Item Description (Including quantities & serial numbers if applicable)

Permit Conditions

**THIS PERMIT IS ISSUED FOR THE REASON AND ITEM(S) LISTED ABOVE ONLY**

**(Subject to the permit conditions)**

APPROVED

NOT APPROVED

**Permit Issue**

**Date**

dd mm yyyy

Signature of Approving Officer

Printed Name and Badge Number

**Approval Date**

dd mm yyyy

**Permit Expiry**

**Date**

dd mm yyyy

AFP 979 (1/09)

AF2009-101 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s18 of the *ACT Prohibited Weapons Act 1996*