**FIREARM PERMIT**

ACT Firearms Act 1996 - Part 9

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fax: 02 62567758

Email: actfirearmsregistry@afp.gov.au

PERMIT NUMBER:

FXXXX

**Orange Original** - Applicant (Returned to the registry within 7 days of the expiry date.

**Pink Duplicate** - Applicant (Returned to the registry within 7 days of the acquisition)

**White Duplicate** - Book

**APPLICANT DETAILS**

Firearms licence number

Surname

Given Name(s)

**PERMIT ADDRESS**

(If applicable)

Date of Birth

dd mm yyyy

Street Number

Street Name

Suburb

State Post Code

Reason for Permit

**Firearm 1 Firearm 2**

**Delete if not required**

Type/Action

Type/Action

Make

Model

Calibre/colour

Make

Model

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

Calibre/colour

Barrel Length

Barrel Length

Serial number

|  |
| --- |
|  |
|  |  |  |
|  |  |  |
|  |
|  |

Serial number

Firearm Category

Firearm Category

A B C H

A B C H

Permit Conditions

**THIS PERMIT IS ISSUED FOR THE REASON AND FIREARMS LISTED ABOVE ONLY**

Signature of Approving Officer

APPROVED

NOT APPROVED

**Approval Date**

**Permit Issue**

**Date**

**Permit Expiry**

**Date**

dd mm yyyy

Printed Name and Badge Number dd mm yyyy

dd mm yyyy

AFP852 (1/09)

AF2009-11 Approved by Commander Bruce Hill, ACT Firearms Registrar on 2 November 2009 under s271 of the ACT *Firearms Act 1996*