**FIREARM REGISTRATION APPLICATION**

ACT Firearms Act 1996 - Part 11

**ACT Firearms Registry**

**Use Only**

**Licence Number:**

**APPLICANT DETAILS**

Firearms licence number

Surname

Given Name(s)

**REGISTERED STORAGE ADDRESS**

Date of Birth

dd mm yyyy

Street Number

Street Name

Suburb

State Post Code

Genuine Reason to possess/use a firearm?

Licence Category

A B C H

**FIREARM DETAILS**

Type Action

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

Make

Magazine Capacity

Model

Serial number

Calibre/Common Name

Barrel Length (MM)

Firearm Category

Previous firearm registration number

A B C H

State of registration

ACT

NSW VIC TAS QLD NT SA WA

**DEALER DETAILS (If required)**

Firearms licence number

Business Name

**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 mak- ing any enquiries necessary to assess this application.

Signature of person making the declaration

dd mm yyyy

AFP 3012 (1/09)

AF2009-12 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the *ACT Firearms Act 1996*

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**FIREARM REGISTRATION APPLICATION**

ACT Firearms Act 1996 - Part 11

**ACT Firearms Registry Use Only.**

**Receipt Number**

**Date of Application**

**Amount $**

**Receipt**

**Date**

dd mm yyyy

dd mm yyyy

**ID Verification**

**Registration Conditions**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

Primary ID Number

Secondary ID

**Current Registration**

ACT

NSW VIC TAS QLD NT SA WA

Registration Number

Signature of Approving Officer

Printed Name and Badge Number

**Registration Issuer**

Signature of Issuing Officer

APPROVED

Australian Capital Territory

Firearms Registry

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

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To be completed by The applicant for this Licence.

Family Name

NOT APPROVED

**Registration Receiver**

Signature of Receiver

**APPROVAL DATE**

dd mm yyyy

Printed Name and Badge Number

Printed Name

dd mm yyyy

Applicant

Agent

dd mm yyyy

AFP 3012 (1/09)

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