

ACT Firearms Act 1996 - Part 7

ACT Firearms Registry
Use Only
Licence Number:

THIS APPLICATION REQUIRES MINISTERIAL APPROVAL

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 Date of Birth					
F 111	Surname					
	Given Name(s)					dd mm yyyy
	1.2 Have you been If yes, please provi		other names?		Yes No	
	Previous Surnam	e				
	Previous Given Name	e(s)				
	1.3 RESIDENTIAL	DETAILS				
	Street Number					
	Street Name					
	Suburb					
	State			Р	ost Code	
	1.4 POSTAL ADDI	RESS (if differer	nt from above)			
	Street Number					
	Street Name					
	Suburb					
	State			Р	ost Code	
	1.5 CONTACT DE	TAILS				
	Home			Work		
	Mobile			-ax		
	E-mail					
2. LICENCE CLAS						
The applicant to complete.	2.1 Select the category	ory of firearms li	cence you are a	?pplying for ا		
This information is required to support your genuine reason.	Adult Com	posite Entity	Heirloom	C	ollector	Firearms Dealer
Genuine Reasons (See the Genuine 2.2 What is your Genuine Reason for having a Category D firearm licence?						
Reason Guide for further details:			g a satisg			
Security Organisation,Employment						
• Primary Production,						
(Continued next page)	2.3 What calibre of a	mmunition are y	ou applying to	use?		



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2. LICENCE CLAS	SS (continued)				
The applicant to complete.	2.4 Have you ever held a firearms licence in the ACT or another state or territory in Australia? Yes No If no, move to 2.5.				
Genuine Reasons (Continued)	If yes, what was your previous firearms licence Number?				
• Vertebrate Pest Animal Control,	What category of firearm(s) were you licenced for? What state was this licence issued in? A B C D H				
• Business,	What state was this licence issued in?				
 Occupational Requirements relating to rural purposes, 	ACT NSW VIC TAS QLD NT SA WAL				
•Animal Welfare,	2.5 Have you ever been refused a firearms licence? Yes No				
•Government Agency.	2.6 Have you ever had a firearms licence cancelled or suspended? Yes No				
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 for Category D Firearms? Yes No You must provide proof of the successful completion of an approved firearms safety training course				
3. CLUB ASSOCI	ATIONS				
The applicant to complete.	3.1 Are you a applying for a Category D Firearms Licence on behalf of an approved club? Yes No If no, go to 4.1				
If there is insufficient space to complete a question, please provide additional details at the end of this application.	If yes please provide the following details: Membership number				
Club Official to	Club Name				
complete	3.2 Club Official Details				
In completing this section the club official certifies that the club information given by the applicant is true and	Surname Given Name(s) Position held with in the club				
correct as recorded in the appropriate club records.					
redords.	Signature of Club Official Date				
4. CATEGORY D	FIREARMS				
The applicant to					
complete.	4.1 Do you currently possess any Category D Firearms? Yes No				
	4.2 Have your Category D Firearms been rendered permanently inoperable? Yes No N/A				



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5. 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.

5.1 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:			
5.2 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?			
Fits, blackouts or dizziness?			
Serious head injuries?			
Any other condition not previously mentioned? Yes No			
5.3 Have you in the last 10 years been convicted of an offence? Yes No If yes please provide details:			
5.4 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:			
5.5 Are you an Australian citizen? Yes No If yes, go to 6.1			
5.6 If no, when did you arrive in Australia? dd mm yyyy		_	
5.7 What is your country of birth?			
5.8 Are you a permanent resident of Australia? Yes No No			
5.9 Are you in Australia on a Visa? Yes No If no, go to 5.13			
5.10 What type of Visa do you hold?			



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5. PERSONAL HIS	STORY (Continued)				
The applicant to complete This information is used	5.11 What is the expiry date of your Visa? dd mm yyyyy				
to assess your suitability for a firearms licence.	5.12 Have you ever been refused a Visa? Yes No				
	If yes please provide details:				
If there is insufficient space to complete a question, please provide additional details at the end of this application.					
	5.13 Have you ever been refused entry into or deported from Australia? Yes No				
	If yes please provide details:				
	5.14 Do you have a passport? Yes No If no, go to 5.15				
	If yes, what is the passport number?				
	What is the country of issue?				
	5.15 Do you have a firearms licence issued by another country? Yes No If no, go to 6.1				
	If yes, what is the firearms licence number?				
	What is the country of issue?				
6. STORAGE					
The applicant to complete.	6.1 How will your firearms be stored?				
Firearms and					
ammunition must be stored at an address with in	6.2 How will your ammunition be stored?				
the ACT.	6.3 What address (in the ACT) do you wish to nominate as the registered address to store your firearm(s) and ammunition?				



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7.	APPLICANT D	ECLARATION
	pplicant to lete.	7.1 APPLICANT DECLARATION
comp	nete.	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 Signature of person making the declaration
	ADDITIONAL	INFORMATION

ACT Firearms Registry

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

GPO Box 401, Canberra ACT 2601 Phone: 02 62567777 Fax: 02 62567758 Email: actfirearmsregistry@afp.gov.au



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ACT Firearms F	Registry Use Only.	
Receipt Number Amou	Receipt Jate dd mm yyyy	
Date of Application dd mm yyyy		
ID Verification	Licence Conditions	
ID Type ACT Firearms Licence Drivers Licence Passport		
Primary ID Number		
Secondary ID		
Ministerial Approval		
Ministerial Approval Sought? Yes No	Date	
Reason for not seeking Ministerial approval?	dd mm yyyy	
MINISTERIAL APPROVAL GRANTED MINISTERIAL APPROV	dd mm ynng	
Attach a copy of the Ministerial	Decision to this application	
Registrar/Delegate Approval		
Category D requii	res Ministerial approval	
APPROVED L	NOT APPROVED Licence Issue Date — No earlier than 28 days from the	
Signature of Approving Officer	Date day after the application date.	
Printed Name and Badge Number dd m	nm yyyy dd mm yyyy	
Licence I ssuer	Licence Receiver	
Signature of Issuing Officer	Signature of Receiver	
Printed Name and Badge Number	Printed Name	
	Applicant Agent	
dd mm yyyy	dd mm yyyy	