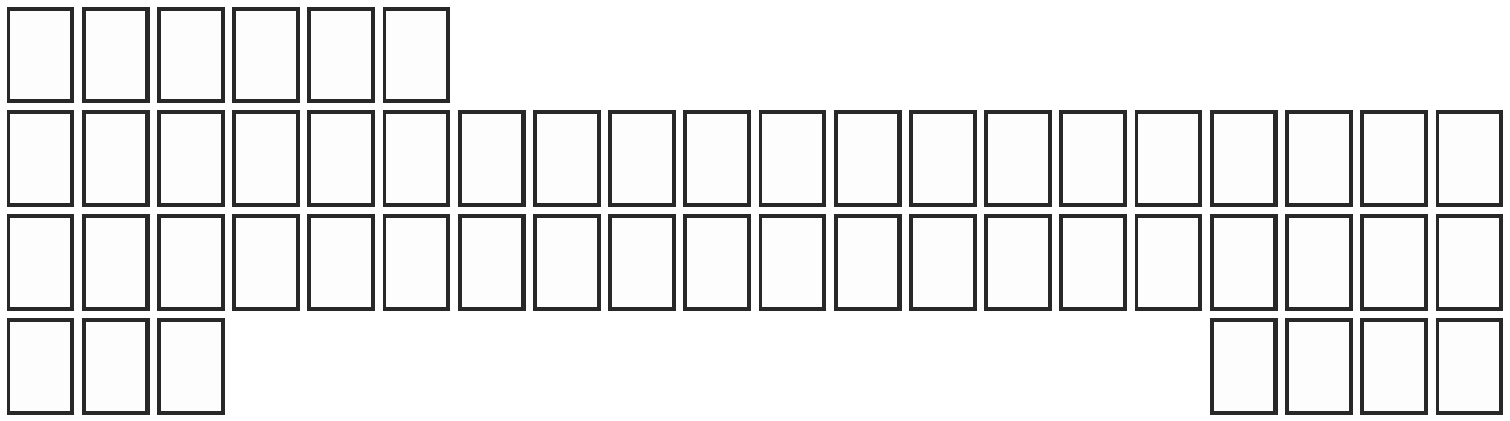
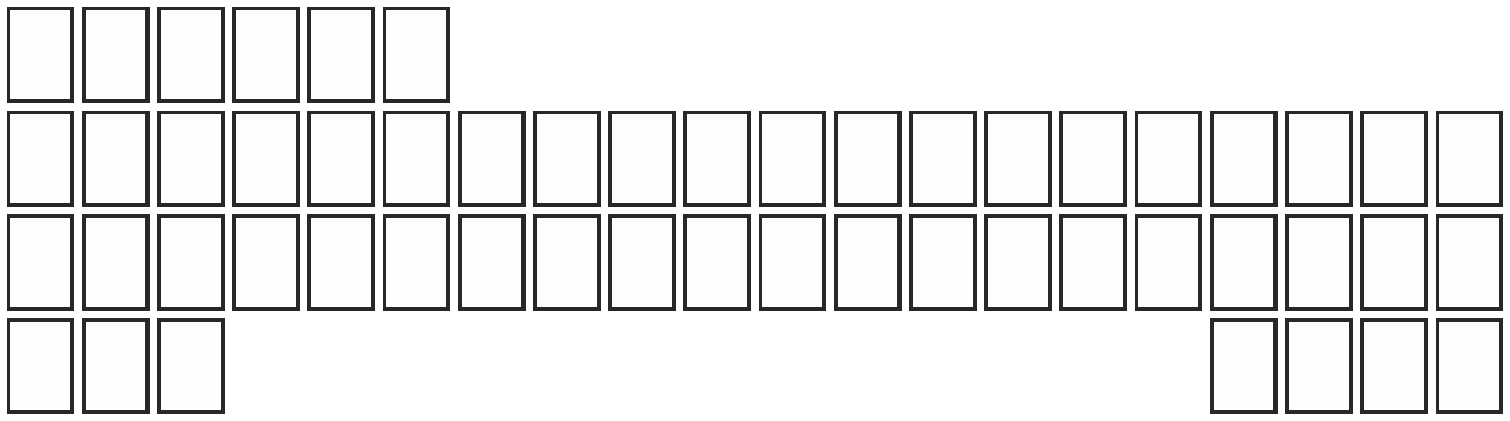
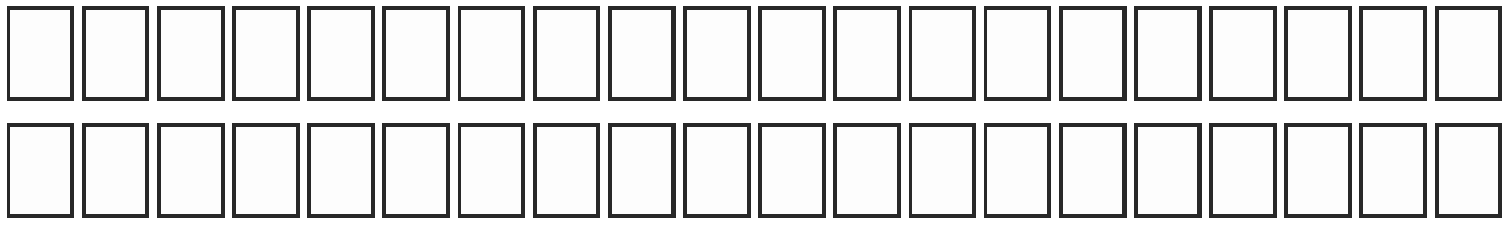
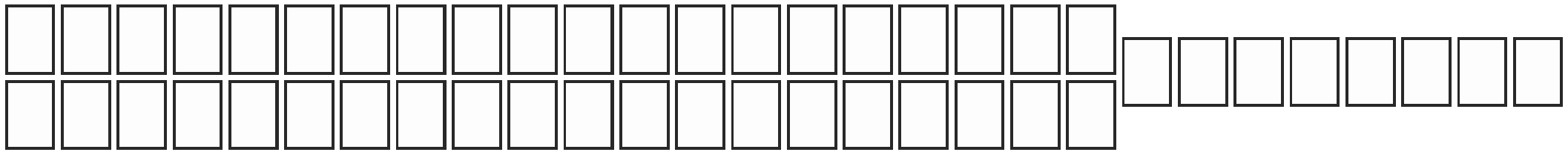
**HEIRLOOM FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7



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

**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)

Post Code

Street Number

Street Name

Suburb

State

Post Code

**1.5 CONTACT DETAILS**

Home Work

Mobile Fax

E-mail

**2. LICENCE CLASS**

**The applicant to complete.**

**2.1** Select the category of firearm(s) you are applying for?

This information is

required to support your genuine reason.

**Genuine Reasons**

(See the Genuine

Reason Guide for further details).

Heirloom Possession.

A B C H

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

**2.3** Can you satisfy another Genuine Reason, for possessing the firearm(s) that this licence relates too?

If yes, what other Genuine Reason can you satisfy?

Yes No



**2. LICENCE CLASS (continued)**

**The applicant to**

**HEIRLOOM FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**complete.**

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

**2.4** Have you ever held a firearms licence in the ACT or another state in Aus-

tralia? (If no, move to 2.5)

If yes, what was your previous firearms licence Number?

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

Yes No

What state was this licence issue in?

A B C D H

ACT

NSW VIC TAS QLD NT SA WA

**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

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

**2.7** What group best describes the firearm(s) related to

this licence?

Single Firearm

Matched Pair of Firearms

**Only complete**

**2.9 details if the heirloom is a matched pair of firearms.**

**If the firearm is a replica, please detail the colour instead of the calibre in the calibre field.**

**2.8 Firearm 1**

What is the Type/Action of the firearm?

What is the Make of the firearm?

What is the Model of the firearm?

What is the Calibre of the firearm?

Barrel Length

What is the Serial Number of the firearm?

**2.9 Firearm 2**

What is the Type/Action of the firearm?

What is the Make of the firearm?

What is the Model of the firearm?

What is the Calibre of the firearm?

Barrel Length

What is the Serial Number of the firearm?

**2.10** Have the firearm(s) been rendered permanently inoperable?

Yes No

**2.11 For applicants that have not held a previous ACT Firearms Licence.**

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

**2.12** What is the Age of the firearm(s)?

**2.13** How long has the firearm(s) been in your family?

Yes No

**2.14** How did the firearm come into your families possession?

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

**course and that each firearm has been rendered permanently inoperable in accordance with the**

**ACT Firearms Act 1996.**



**3. PERSONAL HISTORY**

**The applicant to**

**HEIRLOOM FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**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.

**3.1** 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:

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

Yes No

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 the above questions please provide details:

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

If yes please provide details:

Yes No

**3.4** 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

**3.5** Are you an Australian citizen?

Yes No

If yes, go to 4.1

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

dd mm yyyy

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

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

Yes No

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

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

Yes No

If no, go to 3.13

**HEIRLOOM FIREARM**

**LICENCE APPLICATION**

ACT Firearms Act 1996 - Part 7

**3. PERSONAL HISTORY (Continued)**

**The applicant to**



**complete**

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

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

**3.12** Have you ever been refused a Visa? If yes please provide details:

dd mm yyyy

Yes No

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

**3.13** Have you ever been refused entry into or deported from Australia? If yes please provide details:

Yes No

**3.14** Do you have a passport?

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

**3.15** 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

Yes No

If no, go to 3.15

If no, go to 4.1

**4. STORAGE**

**The applicant to complete.**

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

**4.1** How will your firearm(s) be stored?

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

**5. APPLICANT DECLARATION**

**The applicant to complete.**

**5.1 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

dd mm yyyy

AFP 3013 (1/09) AF2009-14 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the *ACT Firearms Act 1996* Pg 4 of 6

**HEIRLOOM FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7



**ADDITIONAL INFORMATION**

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Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION**

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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

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

AFP 3013 (1/09) AF2009-14 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the *ACT Firearms Act 1996* Pg 5 of 6

**HEIRLOOM FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7



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

**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

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

1dd mm yyyy

AFP 3013 (1/09)

AF2009-14 Approved by Commander Bruce Hill, ACT Firearms Registrar on 7 September 2009 under s271 of the *ACT Firearms Act 1996*

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