**MINOR’S 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

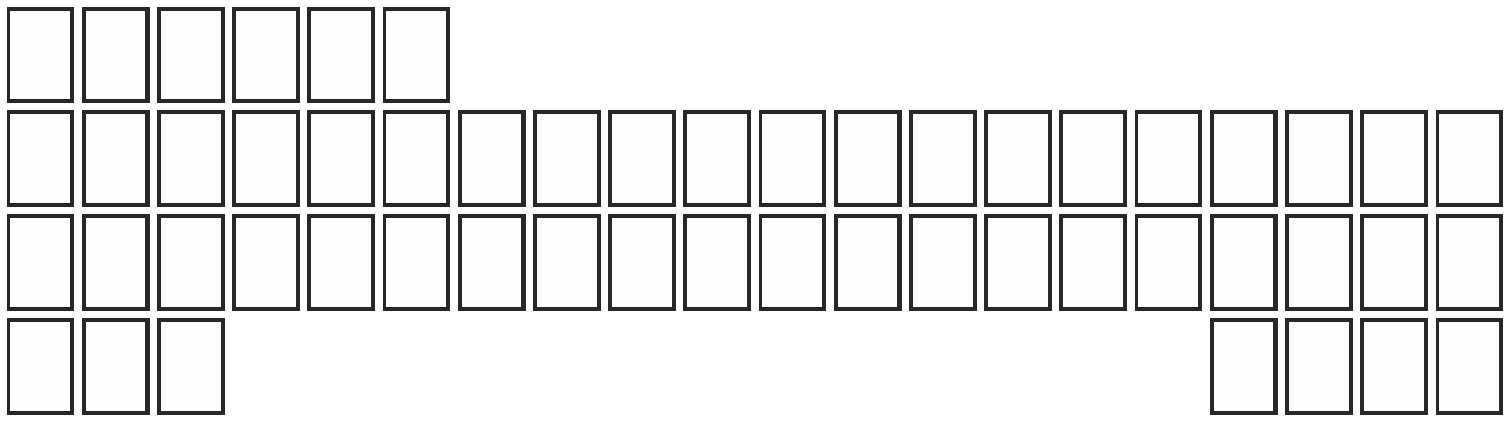
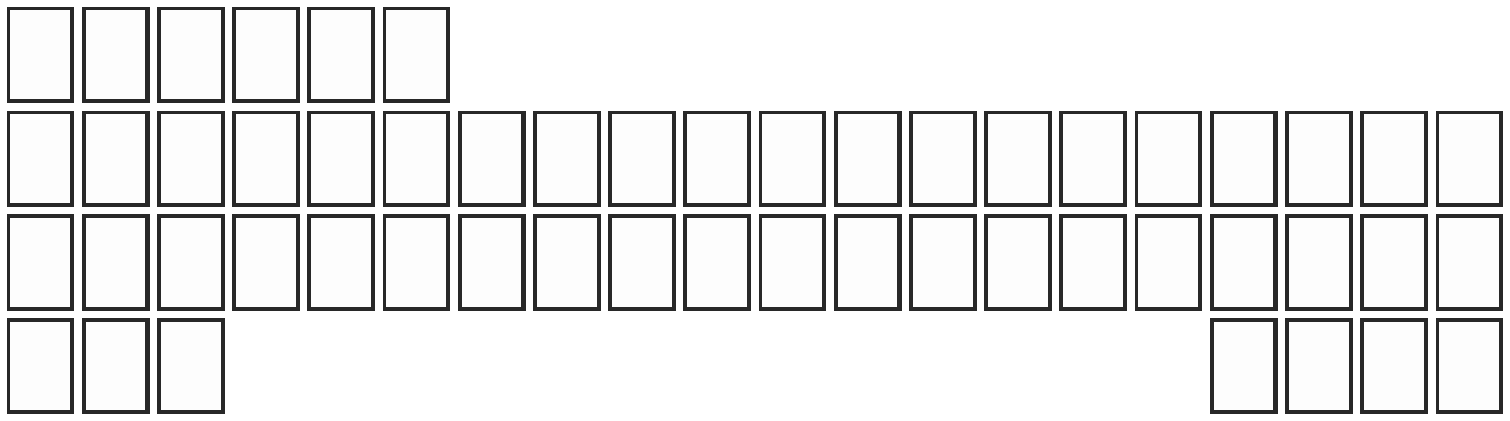
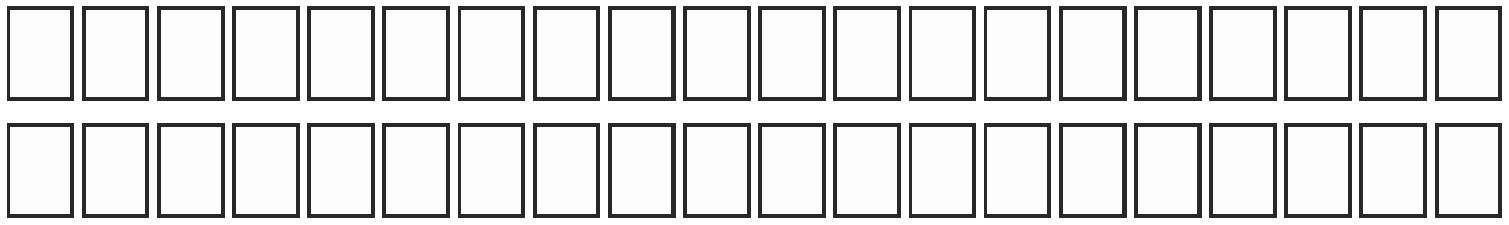
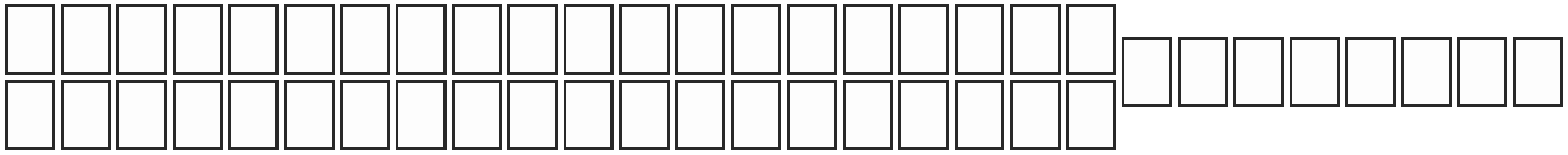
new licence under this Act.

**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.

**1. APPLICANT DETAILS *Please Use BLOCK LETTERS in dark pen only.***

**The applicant to complete.**

**This application must be person- ally lodged with the Firearms Registry in the company of a responsible adult.**

As defined in the Firearms ACT 1996 a responsible person is an adult with parental responsibilities for the applicant.

**1.1 APPLICANT DETAILS**

Surname

Given Name(s)

**1.2** Have you been known by any other names? If yes, please provide details:

Previous Surname

Previous Given Name(s)

**1.3 RESIDENTIAL DETAILS**

Street Number

Street Name

Suburb

Yes No

Date of Birth

dd mm yyyy

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.**

This information is required to support your genuine reason.

**Genuine Reasons**

(See the Genuine

Reason Guide for further details:

 Target Pistol Training

 Firearms Training,

 Firearms Training - Primary Production.

**2.1** Select the category of firearm(s) you are applying to be licenced to use?

A B H

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

**2.3** What calibre of ammunition will you be using?



**2. LICENCE CLASS (continued)**

**The applicant to**

**MINOR’S FIREARM LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7

**complete.**

**2.4** Have you ever held a firearms licence in the ACT or another state or territory in Australia?

If no, move to 2.5.

Yes No

If there is insufficient

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

If yes, what was your previous firearms licence Number?

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

What state was this licence issued 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

**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?

(All applicants that have not held a previous ACT Firearms Licence)

Yes No

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

**3. CLUB ASSOCIATIONS**

**The applicant to**

**complete.**

**3.1** Are you a member of an approved shooting club?

If yes please provide the following details: Membership number

Club Name

Yes No

If no, go to 4.1

**3.2 Club Official Details**

Surname

Given Name(s)

**Club official to**

**complete**

In completing this section the club

official certifies that the club information given by the applicant is true and correct as recorded in the appropriate club records.

Position held within the club

Signature of Club Official Club Stamp

Date

dd mm yyyy



**4. PERSONAL HISTORY**

**The applicant to**

**MINOR’S 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.

**4.1** Do you have any physical and/or mental disability which may render you unfit to use or be in

possession of a firearm?

Yes No

If yes, please provide details:

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

Mental and or emotional illness?

Excessive alcohol consumption? Illicit drug use or dependence? Fits, blackouts or dizziness?

Serious head injuries?

Any other condition not previously mentioned?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

If you answered yes to any of 4.2 please provide details:

**4.3** Since the age of 10, have you been convicted of an offence?

If yes please provide details:

**4.4** Since the age of 10, have you entered into a recognisance to keep the peace or to be of good behaviour?

If yes please provide details:

Yes No

Yes No

**MINOR’S FIREARM**

**LICENCE APPLICATION**



ACT Firearms Act 1996 - Part 7

**4. PERSONAL HISTORY (Continued)**

**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.

**4.5** Are you an Australian citizen?

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

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

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

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

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

Yes No

dd mm yyyy

Yes No

Yes No

If yes, go to 5.1

If no, go to 4.13

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

dd mm yyyy

**4.12** Have you ever been refused a Visa?

If yes please provide details:

Yes No

**4.13** Have you ever been refused entry into or deported from Australia?

If yes please provide details:

Yes No

**4.14** Do you have a passport?

If yes, what is the passport number?

What is the country of issue?

Yes No

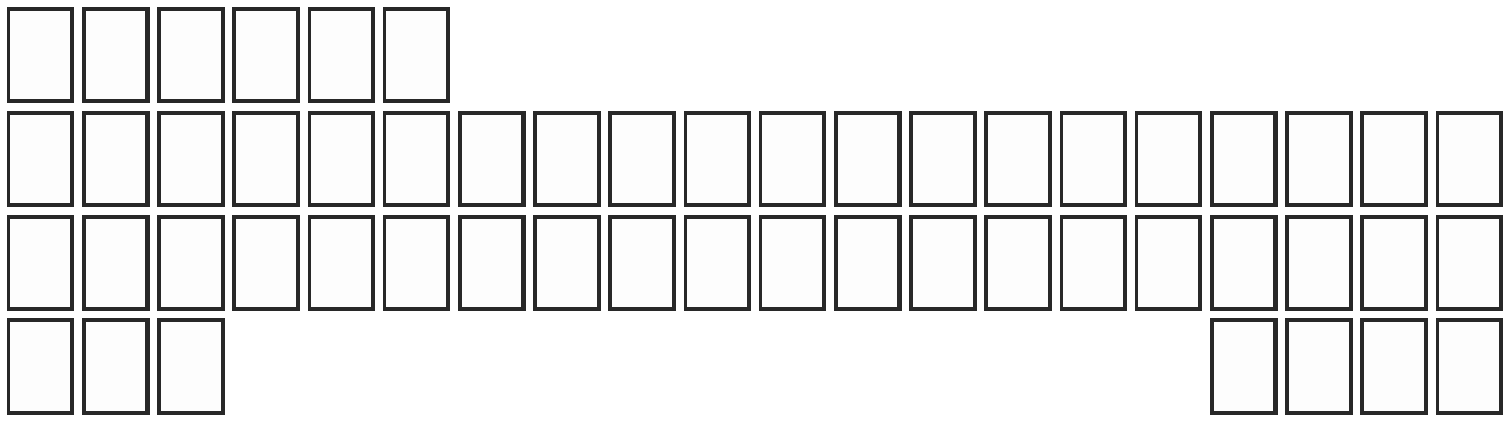
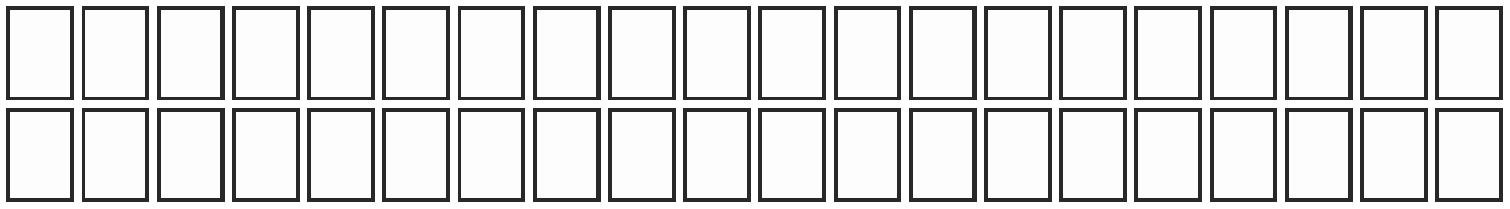
If no, go to 4.15

**4.15** 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

If no, go to 5.1



**5. RESPONSIBLE PERSON DETAILS**

**Responsible person to**

**complete.**

For a Minor’s Firearms Licence to be issued a responsible person of the applicant must allow the minor to use and handle firearms.

**5.1 RESPONSIBLE PERSON DETAILS**

Surname

Given Name(s)

**5.2 RESIDENTIAL DETAILS** (As recorded on the Electoral Roll)

As defined in the Fire-

arms ACT 1996 a responsible person is an adult with parental responsibilities for the applicant.

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

Street Number

Street Name

Suburb

State

**5.3 CONTACT DETAILS**

Home Work

Mobile Fax

Post Code

E-mail

Australian Capital Territory

Firearms Registry

**ADULT FIREARMS LICENCE APPLICATION**

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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

What is your relationship to applicant?

Parent

Guardian

**5.4** Do you currently hold a firearms licence in the ACT or another state in

Australia? If no go to 5.5.

Yes No

Signature of person making the declaration Day Month Year

If yes, what is the licence number?

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

What state is this licence issue in?

A B C D H

ACT

NSW VIC TAS QLD NT SA WA

What category of firearms do you currently own?

A B C D H

**5.5** Do you have any physical and/or mental disability which may render you unfit to use or be in

possession of a firearm?

Yes No

If yes, please provide 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***

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To be completed by The applicant for this Licence.

Family Name



**5. RESPONSIBLE PERSON DETAILS (Continued)**

**Responsible person to**

**complete.**

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

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

Mental and or emotional illness?

Excessive alcohol consumption?

Illicit drug use or dependence?

Fits, blackouts or dizziness? Serious head injuries?

Any other condition not previously mentioned?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

If you answered yes to any of 5.6 please provide details:

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

If yes please provide details:

**5.8** 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

Yes No

**6. RESPONSIBLE PERSON DECLARATION**

**The responsible person to complete.**

**6.1 RESPONSIBLE PERSON DECLARATION**

DECLARATION

I declare that I have parental responsibility for the applicant and authorise the applicant to be issued a

Minors Firearm Licence for the purpose of

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



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

**7. APPLICANT DECLARATION**

**The applicant to complete.**

**7.1 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

**ADDITIONAL INFORMATION**

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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)



**ACT Firearms Registry Use Only.**

**Receipt Number**

**Date of Application**

**Amount $**

**Receipt**

**Date**

dd mm yyyy

dd mm yyyy

**ID Verification - Minor**

**Licence Conditions**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

Primary ID Number

Secondary ID

**ID Verification - Responsible Person**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

Primary ID Number

Secondary ID

APPROVED

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

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 dd mm yyyy

dd mm yyyy

**Licence Issuer**

Signature of Issuing Officer

**Licence Receiver**

Signature of Receiver

Printed Name and Badge Number

Printed Name

dd mm yyyy

Applicant

Agent

dd mm yyyy