**PERMIT TO ACQUIRE A FIREARM**

ACT Firearms Act 1996 - Part 10

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601

Phone: 02 62567777 Fax: 02 62567758

Email: actfirearmsregistry@afp.gov.au

PERMIT NUMBER:

AXXXXX

**White Original** - Applicant (returned to registry within 7 days of acquiring a firearm)

**Pink Duplicate** - Applicant/Dealer (to remain with Dealer after acquisition) **White Duplicate** - Book

**APPLICANT DETAILS**

Firearms licence number

Surname

Given Name(s)

Date of Birth

dd mm yyyy

**STORAGE ADDRESS**

Street Number

**CONTACT DETAILS**

Phone

Street Name

Suburb

State Post Code

Reason for Acquisition?

**FIREARM DETAILS**

Type/action

Firearm to be purchased from?

Make

Model

Calibre/colour

Firearm owner’s licence

number?

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

Firearm owners address?

Barrel Length

Serial number

Firearm Dealer to be used during the acquisition ?

Firearm Category

A B C H

Firearm Dealer’s licence number?

Has the firearm been modified in any way? Yes No

If yes, please provide details

Dealer Return number?

To be completed by the dealer on collection of the firearm.

**ACT Firearms Registry Use Only.**

**Receipt Number**

**Amount $**

**Receipt Date**

**Date of Application**

dd mm yyyy

**Processed by:**

**Include Rank, Name & Badge Number**

dd mm yyyy

APPROVED

NOT APPROVED

**Permit Issue Date**

Signature of Approving Officer

**Approval Date**

dd mm yyyy

Printed Name and Badge Number dd mm yyyy

**Permit Expiry Date**

dd mm yyyy

AFP850 (1/09)

AF2009-17 Approved by Commander Bruce Hill, ACT Firearms Registrar on 2 November 2009 under s271 of the ACT *Firearms Act 1996*

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Firearms licence number

Surname

Given Name(s)

Date of Birth

dd mm yyyy

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Street Number

**CONTACT DETAILS**

Phone

Street Name

Suburb

State Post Code

Reason for Acquisition?

**IREARM DETAILS**

Type/action

Firearm to be purchased from?

Make

Model

Calibre/colour

Firearm owner’s licence

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Australian Capital Territory

Firearms Registry

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Barrel Length

Serial number

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Firearm Category

A B C H

Firearm Dealer’s licence number?

as the firearm been modified in any way? Yes No

**F**

H

DUPLICATE TO BE RETAINED BY DEALER

If yes, please provide details

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**ACT Firearms Registry Use Only.**

**Receipt Number**

**Amount $**

**Receipt Date**

**Date of Application**

dd mm yyyy

**Processed by:**

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