



# 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

Street Name

Suburb

State  Post Code

## CONTACT DETAILS

Phone

Reason for Acquisition?

## FIREARM DETAILS

Type/action

Make

Model

Calibre/colour

Barrel Length

Serial number

Firearm Category      
A B C H

Has the firearm been modified in any way? Yes  No

If yes, please provide details

Firearm to be purchased from?

Firearm owner's licence number?

Firearm owners address?

Firearm Dealer to be used during the acquisition ?

Firearm Dealer's licence number?

Dealer Return number?  
To be completed by the dealer on collection of the firearm.

## ACT Firearms Registry Use Only.

Receipt Number

Amount \$

Receipt Date        
dd mm yyyy

Date of Application        
dd mm yyyy

Processed by:  
Include Rank, Name & Badge Number

Signature of Approving Officer

APPROVED  NOT APPROVED

Permit Issue Date        
dd mm yyyy

Printed Name and Badge Number

Approval Date        
dd mm yyyy

Permit Expiry Date        
dd mm yyyy



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## CONTACT DETAILS

Phone

Reason for Acquisition?

DUPLICATE TO BE RETAINED BY DEALER

## FIREARM DETAILS

Type/action

Make

Model

Calibre/colour

Barrel Length

Serial number

Firearm Category  A  B  C  H

as the firearm been modified in any way? Yes  No

If yes, please provide details

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Firearm owner's licence number?

Firearm owners address?

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