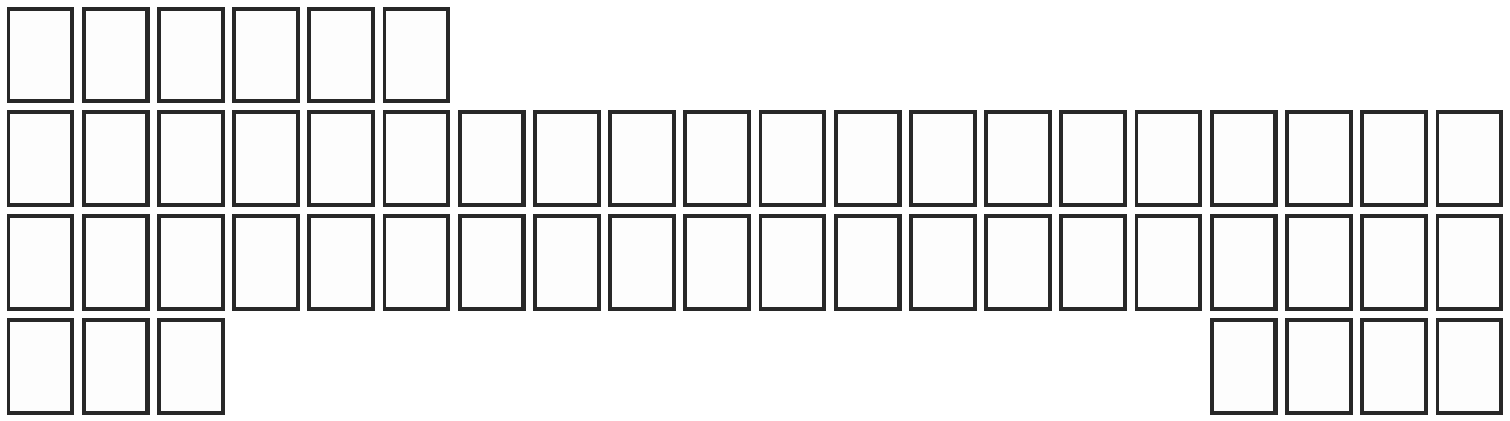
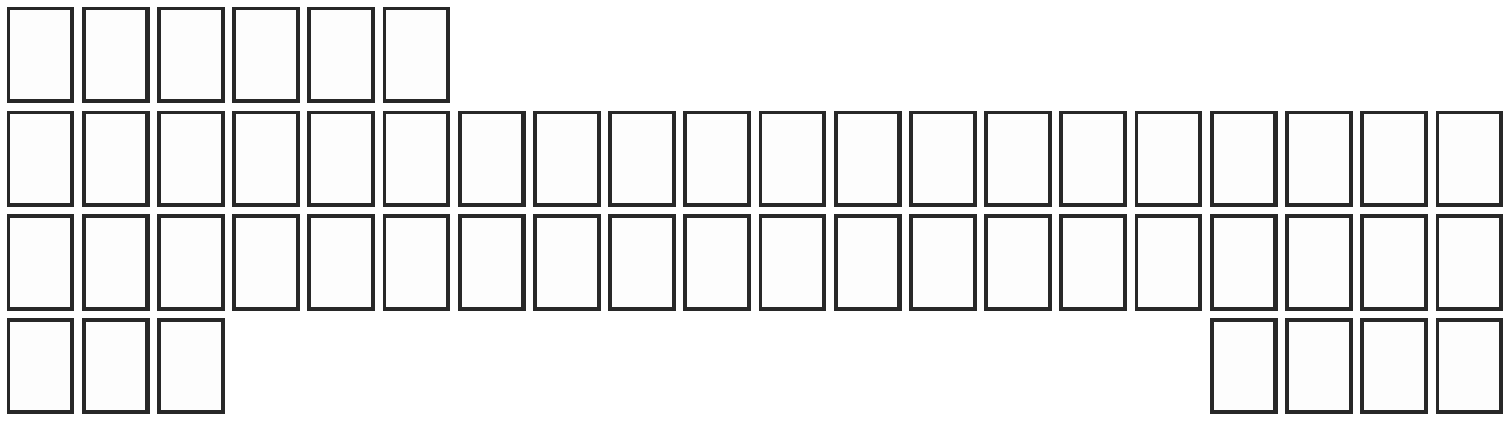
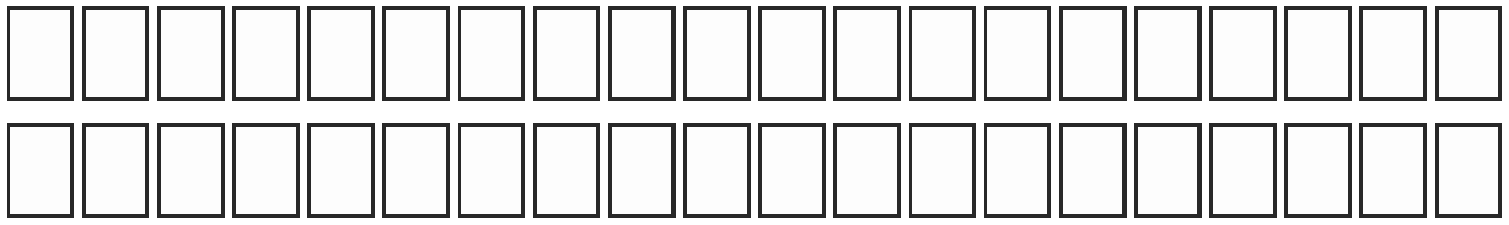
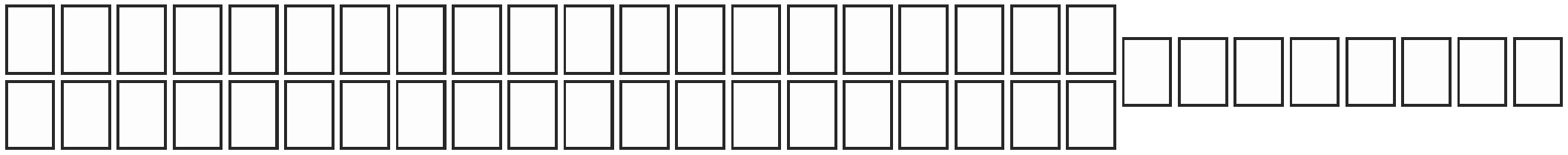
**FIREARM DEALER LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7 and 13



**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.**

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

**1.1 APPLICANT DETAILS**

Surname

Given Name(s)

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

Yes No

Date of Birth

dd mm yyyy

Previous Surname

Previous Given Name(s)

**1.3 RESIDENTIAL DETAILS**

Street Number

Street Name

Suburb

State

**1.4 POSTAL ADDRESS** (if different from above)

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

Post Code

Street Number

Street Name

Suburb

State

Post Code

**1.5 CONTACT DETAILS**

Home Work

Mobile Fax

E-mail

**2. LICENCE DETAILS**

**The applicant to**

**complete.**

This information is required to support your genuine reason.

**Genuine Reasons**

(See the Genuine Rea-

**The Registrar will authorise the applicant, as deemed necessary by the Registrar, to deal in any of**

**the following firearm categories:**

A B C H

**2.1** What functions do you wish to be licenced to conduct as a Firearms Dealer?

son Guide for further details:

Acquire Dispose of

Repair/Maintain

 **Business:**

Store

Test

Manufacture

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



**2. LICENCE DETAILS (continued)**

**The applicant to**

**FIREARM DEALER LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7 and 13

**complete.**

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

If no, move to 2.4.

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

**2.4** Have you ever been refused a firearms licence?

**2.5** Have you ever had a firearms licence cancelled or suspended?

Yes No

Yes No

**2.6** If you answered yes to either 2.4 or 2.5, please provide the reason(s) why.

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

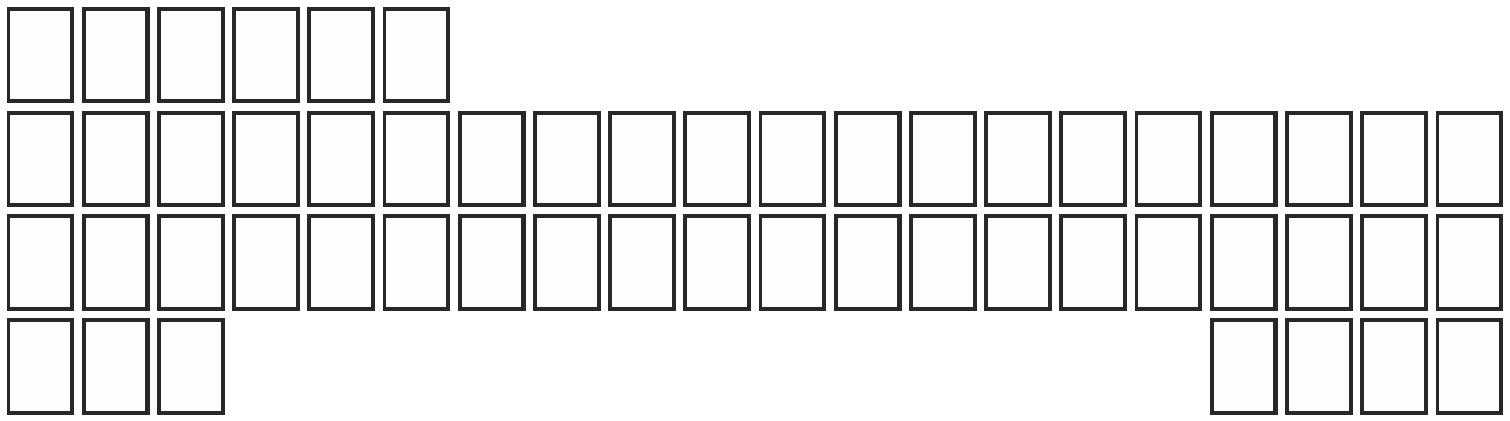
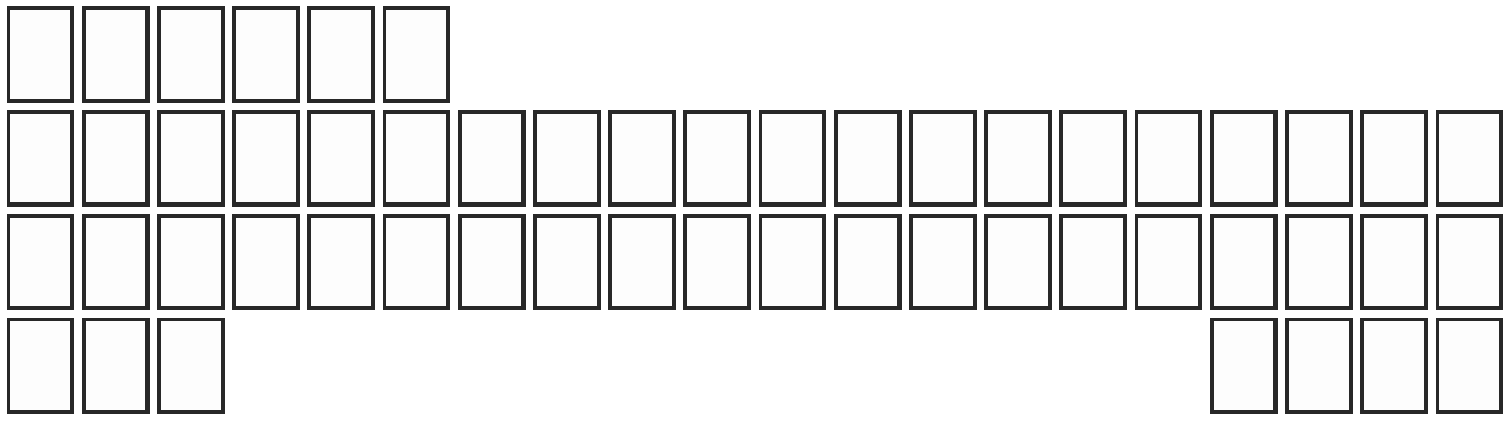
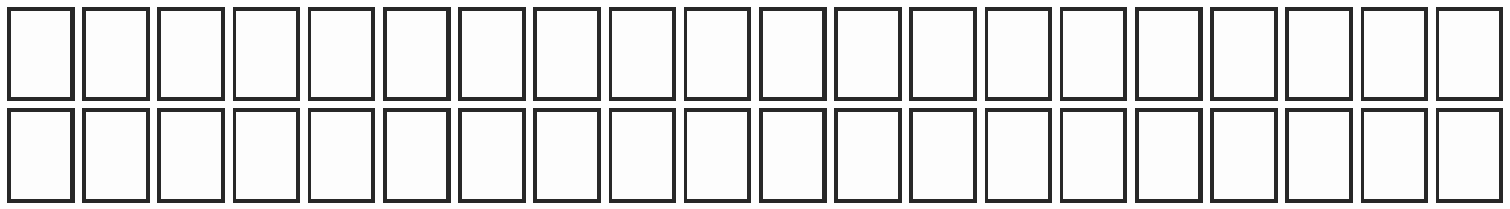
(All applicants that have not held a previous ACT Firearms Licence)

Yes No

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

**3. ENTITY DETAILS**

**The applicant to complete.**



**3.1** Entity Name

**3.2** Business Registration Number

**3.3** Has the entity been known by any other

names?

Yes No

Previous Name

What is the core business function of the entity?

**3.4 BUSINESS ADDRESS**

Street Number

Street Name

Suburb

State

Post Code

**3.5 POSTAL ADDRESS** (if different from above)

Street Number

Street Name

Suburb

State

Post Code

**3.6 CONTACT DETAILS**

Work Fax



**4. CLOSE ASSOCIATES**

**The applicant to complete**

**FIREARM DEALER LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7 and 13

This information is used to assess your suitability for a

**4.1** Do you have any close associates in the club? Yes No

If no, go to 5.1

firearms licence.

If there is insufficient space to complete a question, please provide

**4.2** Complete the following details for each close associate (including the nature of you’re association):

Date of Birth

Surname

additional details at the end of this application.

Given Name(s)

**4.3** Has the close associate been known by any other names? If yes, please provide details:

Yes No

dd mm yyyy

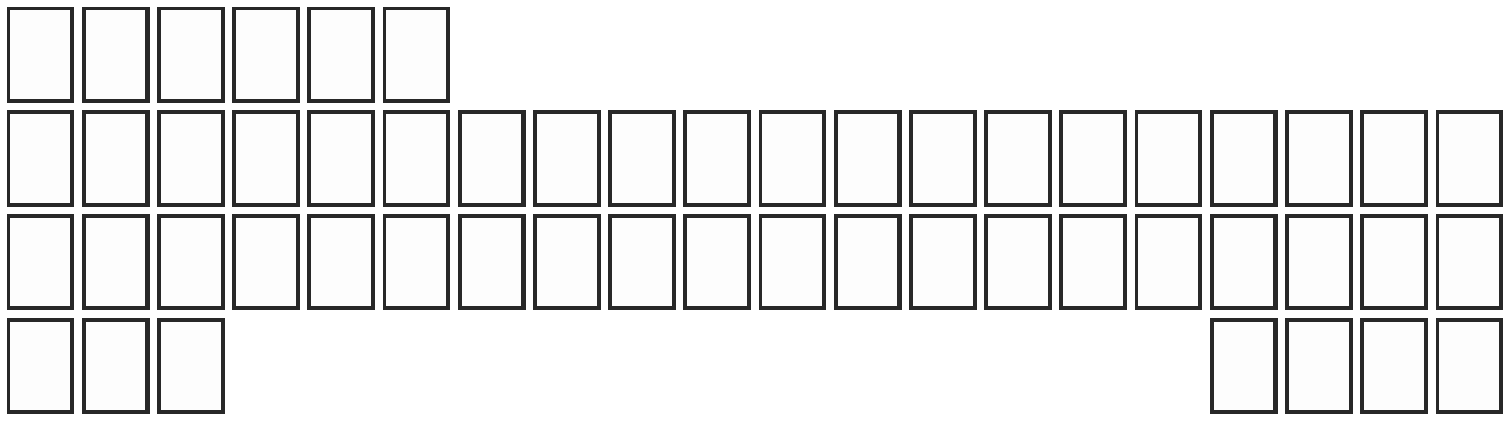
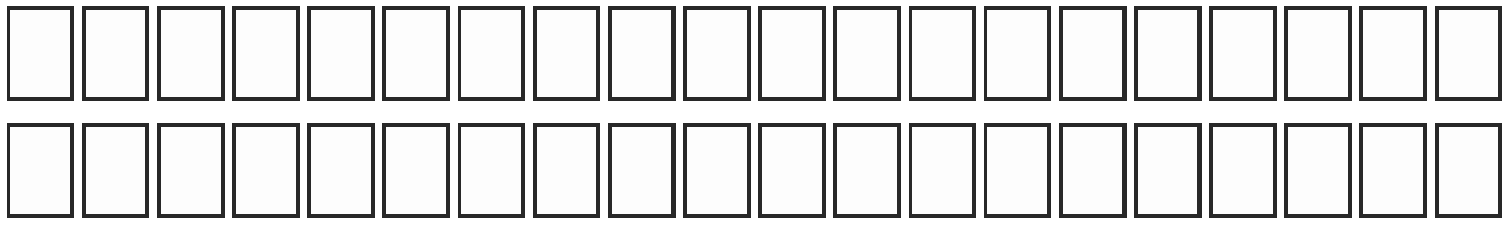
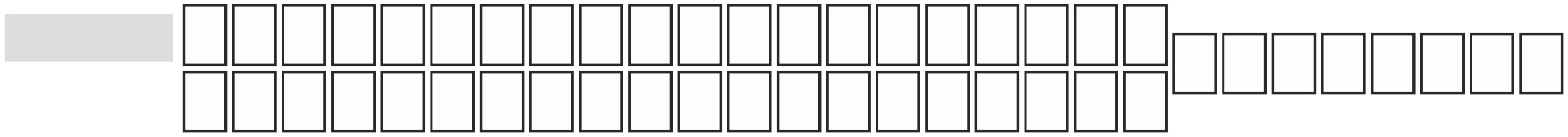
Previous Surname

Previous Given Name(s)

**4.4 RESIDENTIAL DETAILS**

Street Number

Street Name



Suburb

State

Post Code

Home Work

Mobile Fax

E-mail

**4.5** What is the close associates firearm licence Number?

**4.6** What state is this

licence issue in?

ACT

NSW VIC TAS QLD NT SA WA

**4.7** How is the close associate associated to you and or the business?

**5. PERSONAL HISTORY**

**The applicant to complete**

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

**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:

Yes No

**FIREARM DEALER**

**LICENCE APPLICATION**

ACT Firearms Act 1996 - Part 7 and 13

**5. PERSONAL HISTORY (Continued)**

**The applicant to**



**complete**

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

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

Mental and or emotional illness?

Excessive alcohol consumption?

Yes No

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 5.2 please provide details:

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

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:

Yes No

Yes No

**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

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

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

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

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

Yes No

dd mm yyyy

Yes No

If no, go to 5.13

**FIREARM DEALER**

**LICENCE APPLICATION**



ACT Firearms Act 1996 - Part 7 and 13

**5. PERSONAL HISTORY (Continued)**

**The applicant to complete**

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

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

If yes please provide details:

Yes No

**5.14** Do you have a passport?

If yes, what is the passport number?

What is the country of issue?

Yes No

If no, go to 5.15

**5.15** 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 6.1

**6. STORAGE**

**The applicant to complete.**

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

**6.1** How will your firearms be stored?

**6.2** How will your ammunition be stored?

**6.3** What address (in the ACT) do you wish to nominate as the registered address to store your

firearm(s) and ammunition?

**6.4** Are you aware of the legislated storage requirements? Yes No

**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

**FIREARM DEALER LICENCE APPLICATION** ACT Firearms Act 1996 - Part 7 and 13



**ADDITIONAL INFORMATION**

**.............................................................................................................................................................................**

**.............................................................................................................................................................................**

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

**ACT Firearms Registry Use Only.**

**Receipt Number**

**Date of Application**

**Amount $**

**Receipt**

**Date**

dd mm yyyy

dd mm yyyy

**ID Verification**

ID Type

ACT Firearms Licence

Drivers Licence

Passport

**Licence Conditions**

Primary ID Number

Secondary ID

**The applicant is authorised to possess firearms to perform the following functions:**

Acquire

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

Yes No

Store

Yes No

Dispose of

Yes No

Repair/Maintain

Yes No

Test

Yes No

Manufacture

Yes No

**The applicant is authorised to conduct the functions**

**ticked above with the following categories:**

A B C H

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 dd mm yyyy

dd mm yyyy

**Licence Issuer**

**Licence Receiver**

Applicant

Signature of Issuing Officer

Signature of Receiver

Printed Name and Badge Number

Printed Name

Agent

dd mm yyyy dd mm yyyy