



PROHIBITED WEAPON & ARTICLE PERMIT APPLICATION

ACT Prohibited Weapons Act 1996 - Part 3

**ACT Firearms Registry
Use Only**
Licence Number:

You are required to provide 100 points of identity with your application for a permit under this Act.

1. APPLICANT DETAILS

Please Use BLOCK LETTERS in dark pen only.

The applicant to complete.

1.1 APPLICANT DETAILS

Surname	<input type="text"/>	Date of Birth
Given Name(s)	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm yyyy

1.2 Have you been known by any other names? Yes No
If yes, please provide details:

Previous Surname	<input type="text"/>
Previous Given Name(s)	<input type="text"/>

1.3 RESIDENTIAL DETAILS

Street Number	<input type="text"/>
Street Name	<input type="text"/>
Suburb	<input type="text"/>
State	Post Code <input type="text"/>

1.4 POSTAL ADDRESS (if different from above)

Street Number	<input type="text"/>
Street Name	<input type="text"/>
Suburb	<input type="text"/>
State	Post Code <input type="text"/>

1.5 CONTACT DETAILS

Home	<input type="text"/>	Work	<input type="text"/>
Mobile	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		

2. PERMIT DETAILS

The applicant to complete.

2.1 Do you hold a current ACT firearms licence or permit? Yes No If no, go to 2.2

If yes, what is your ACT firearms licence or permit number?

2.2 What is your reason for requesting a prohibited weapon/article permit?

2.3 What permission are you applying for? Possession Possession & Use

2.4 Are you also applying to display the weapon/article? Yes No If no, go to 2.6



PROHIBITED WEAPON & ARTICLE PERMIT APPLICATION

ACT Prohibited Weapons Act 1996 - Part 3

2. PERMIT DETAILS (continued)

The applicant to complete.

Complete details of the display must be provided including method of display, materials used for cabinets and location with in the premises.

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

All applicants to complete

2.5 WEAPON/ARTICLE DISPLAY DETAILS (Only complete this part if your are applying to display the weapon/article)

What type of display are you applying for?

Permanent

Temporary

How many weapons/articles do you wish to display?

How will you display the weapon/article?

2.6 PERMIT DETAILS (All applicants to complete this part)

Have you ever been refused a prohibited weapon/article permit?

Yes

No

Have you ever had a prohibited weapon/article permit cancelled or suspended?

Yes

No

If you answered yes to any of 2.6, please provide the reason(s) why.

2.7 Complete the following details in relation to this permit:

What is the Weapon/Article?

What is the Make of the Weapon/Article?

What is the Model of the Weapon/Article?

What is the Length of the Weapon/Article?

What is the Serial Number of the Weapon/Article?
(if Applicable)

How Many Weapon(s)/Article(s) do you wish to possess?

2.8 PREVIOUS OWNER/SUPPLIER DETAILS New Acquisitions Only (Use supplier details if purchased from a supplier)

Previous owner's name?

Previous owner's firearm licence number?

Previous owner's address?

2.9 What address (in the ACT) do you wish to nominate as the registered address to store your weapon/article?

Street Number

Street Name

Suburb

State

Post Code



PROHIBITED WEAPON & ARTICLE PERMIT APPLICATION

ACT Prohibited Weapons Act 1996 - Part 3

3. PERSONAL HISTORY

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.

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?

Yes No

If yes, please provide details:

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

- Mental and or emotional illness? Yes No
- Excessive alcohol consumption? Yes No
- Illicit drug use or dependence? Yes No
- Fits, blackouts or dizziness? Yes No
- Serious head injuries? Yes No
- Any other condition not previously mentioned? Yes No

If you answered yes to any of 3.2, please provide details:

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

Yes No

If yes please provide details:

3.4 Have you in the last 10 years entered into a recognisance to keep the peace or to be of good behaviour?

Yes No

If yes please provide details:

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?

Yes No If no, go to 3.14

3.10 What type of Visa do you hold?

3.11 What is the expiry date of your Visa?

dd mm yyyy

3.12 Have you ever been refused a Visa?

Yes No



PROHIBITED WEAPON & ARTICLE PERMIT APPLICATION

ACT Prohibited Weapons Act 1996 - Part 3

3. 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.

If you answered yes for 3.12 please provide details:

3.13 Have you ever been refused entry into or deported from Australia? Yes No

If yes please provide details:

3.14 Do you have a passport? Yes No If no, go to 3.15

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? Yes No If no, go to 4.1

If yes, what is the firearms licence number?

What is the country of issue?

4. APPLICANT DECLARATION

The applicant to complete.

4.1 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 Prohibited Weapons 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

.....
.....
.....

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



PROHIBITED WEAPON & ARTICLE PERMIT APPLICATION

ACT Prohibited Weapons Act 1996 - Part 3

ACT Firearms Registry Use Only.

Receipt Number Amount \$ Receipt Date
dd mm yyyy

Date of Application
dd mm yyyy

ID Verification

ID Type ACT Firearms Licence Drivers Licence Passport

Primary ID Number

Secondary ID

Permit Conditions

APPROVED NOT APPROVED

Signature of Approving Officer

Printed Name and Badge Number

Approval Date

dd mm yyyy

Permit Issue Date

dd mm yyyy

Permit Expiry Date

dd mm yyyy

Permit Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

Permit Number

Permit Receiver

Signature of Receiver

Printed Name

Applicant Agent

dd mm yyyy

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601
Phone: 02 62567777 Fax: 02 62567758
Email: actfirearmsregistry@afp.gov.au