



FIREARM DEALER LICENCE APPLICATION

ACT Firearms Act 1996 - Part 7 and 13

2. LICENCE DETAILS (continued)

The applicant to complete.

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

2.3 Have you ever held a firearms licence in the ACT or another state or territory in Australia? Yes No
If no, move to 2.4.

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? Yes No

2.5 Have you ever had a firearms licence cancelled or suspended? 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? Yes No
(All applicants that have not held a previous ACT Firearms Licence)

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

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.

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

- | | | |
|---|------------------------------|-----------------------------|
| Mental and or emotional illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Excessive alcohol consumption? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Illicit drug use or dependence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fits, blackouts or dizziness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Serious head injuries? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any other condition not previously mentioned? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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? Yes No

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? Yes No

If yes please provide details:

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? Yes No If no, go to 5.13

5.10 What type of Visa do you hold?

5.11 What is the expiry date of your Visa?
dd mm yyyy

5.12 Have you ever been refused a Visa? Yes No

If yes please provide details:

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? Yes No

If yes please provide details:

5.14 Do you have a passport? Yes No If no, go to 5.15

If yes, what is the passport number?

What is the country of issue?

5.15 Do you have a firearms licence issued by another country? Yes No If no, go to 6.1

If yes, what is the firearms licence number?

What is the country of issue?

6. STORAGE

The applicant to complete.

Firearms and ammunition must be stored at an address within 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
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

Licence Conditions

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

| | | | | | |
|------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Acquire | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Store | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Dispose of | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Repair/Maintain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Test | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Manufacture | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

The applicant is authorised to conduct the functions ticked above with the following categories:

A B C H

Signature of Approving Officer

APPROVED NOT APPROVED

Approval Date

dd mm yyyy

Licence Issue Date – No earlier than 28 days from the day after the application date.

dd mm yyyy

Printed Name and Badge Number

Licence Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

Licence Receiver

Applicant

Signature of Receiver

Agent

Printed Name

dd mm yyyy