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ABN 43 408 613 180

# NSW POLICE FORCE - FIREARMS REGISTRY P590

## Declaration to Participate in a Club Open Day

Please use **BLACK PEN** and **CAPITAL LETTERS** to complete this form **AND** complete all sections of this form.

NSW Firearms Licence No. (if held)

### A. PERSONAL AND CONTACT DETAILS

Last Name

Given Names

Date of Birth    Male  Female  NSW Drivers Licence No.

Mobile Phone  Home Phone No

Business No  Email Address

If you have been known by another name, please provide details below (Last Name, Given Names)

### B. RESIDENTIAL ADDRESS

Unit No  Property Name

Street No  Street Name

Suburb  State  Postcode

### C. PERSONAL HISTORY - You MUST complete this section - Mark an X in one box for each question

Have you in NSW or elsewhere;

a) Been refused or prohibited from holding a firearms licence or permit or had a firearms licence or permit suspended, cancelled or revoked? YES  NO

b) Are you currently subject to a Good Behaviour Bond or Interim Apprehended Violence Order? YES  NO

c) Been the subject of a Firearms Prohibition Order? YES  NO

d) Are you suffering from any mental illness or other disorder that may prevent you from using a firearm safely? YES  NO

e) Been convicted within the last 10 years of an offence involving: firearms or weapons; prohibited drugs; robbery; violence or terrorism; or an offence of a sexual nature? YES  NO

f) Within the last 10 years been the subject of a family law or Domestic Violence Order or an Apprehended Violence Order (other than an order which was revoked)? YES  NO

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU ARE INELIGIBLE TO PARTICIPATE IN THE CLUB OPEN DAY.**



### D. DECLARATION

- I understand that it is a serious offence under the *Firearms Act 1996* to make a statement or provide information that I know is false or misleading.
- I certify that all the information contained in this application is true and correct in every detail.
- I agree to the NSW Police Force undertaking such enquiries as are necessary to establish that the information I have provided in relation to this application is true and correct.

|                      |                      |   |                      |
|----------------------|----------------------|---|----------------------|
| Applicants Signature | <input type="text"/> | Date  | <input type="text"/> |
| Witness Name         | <input type="text"/> | Date  | <input type="text"/> |
| Witness Signature    | <input type="text"/> | I confirm that I am 18 years of age or over, and have witnessed the signing of this application |                      |

### E. MINORS (12 - 18 years of age) - TO BE COMPLETED BY PARENT / LEGAL GUARDIAN

#### Declaration by Parent or Legal Guardian to identify and give consent to participate in a Club Open Day Shoot

|                              |                      |                                  |                      |
|------------------------------|----------------------|----------------------------------|----------------------|
| Full Name of Parent/Guardian | <input type="text"/> |                                  |                      |
| Relationship to Applicant    | <input type="text"/> | Date of Birth of Parent/Guardian | <input type="text"/> |
| Address of Parent/Guardian   | <input type="text"/> |                                  |                      |

I hereby declare that I am the Parent / Legal Guardian (cross out which is not applicable) of the person named in this declaration. I confirm that the information in this application is true and correct in every detail and give my consent to the person named in this application to possess and use a firearm for the purpose of participating in a Club Open Day Shoot as described.

|                           |                      |   |                      |
|---------------------------|----------------------|---|----------------------|
| Parent/Guardian Signature | <input type="text"/> | Date  | <input type="text"/> |
| Witness Name              | <input type="text"/> | Date  | <input type="text"/> |
| Witness Signature         | <input type="text"/> | I confirm that I am 18 years of age or over, and have witnessed the signing of this application |                      |

**NOTE: The parent/legal guardian must supply proof of identity to the club official. In the case of a legal guardian, the club official must be satisfied that the person has proven legal guardianship status.**

### F. CERTIFICATION BY CLUB OFFICIAL - CLUB USE ONLY

I hereby confirm that the applicant named in this Declaration is participating in an Open Day conducted by:

|                         |                      |                   |                      |
|-------------------------|----------------------|-------------------|----------------------|
| Name of Club or Range   | <input type="text"/> |                   |                      |
| Open Day Permit No      | <input type="text"/> | Dates of Open Day | <input type="text"/> |
| Permit Holder Name      | <input type="text"/> |                   |                      |
| Permit Holder Signature | <input type="text"/> | Date              | <input type="text"/> |
| Photo Identification    | <input type="text"/> | Number            | <input type="text"/> |

**Please return this form within 21 days to Firearms Registry, Locked Bag 1, Murwillumbah, 2484, NSW.**

