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ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY P512

Application for Approval of a Shooting Range or Mobile Gallery

Please use **BLACK PEN** and **CAPITAL LETTERS** to complete this form. Failure to complete all sections of this form and supply supporting documentation may result in delay or refusal of your application.

THIS APPLICATION IS FOR A - Please mark appropriate boxes with an 'X'

New Application Reapplication Range Approval Number (if reapplication)

A. RANGE APPROVAL HOLDER DETAILS (BUSINESS/CLUB/ORGANISATION)

Business/Club Name

Trading Name Club Approval Number

Business No Email Address

B. NOMINATED PERSON DETAILS

Last Name

Given Names

Date of Birth Male Female NSW Drivers Licence No.

Mobile Phone Home Phone No

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

C. RESIDENTIAL ADDRESS

Unit No Street No Street Name

Suburb State Postcode

D. CLUB POSTAL ADDRESS

PO Box No Unit Street No Street Name

Suburb State Postcode

E. RANGE/GALLERY DETAILS - If this is a reapplication and there are no changes mark this box

Pistol Range Shooting Range Mobile Range

Description eg 1x25m indoor, 1 x Clay Target, 1 x 50m etc If this is a mobile range describe construction material etc



E. RANGE/GALLERY DETAILS - continued

Range address and location.

Approved events to be conducted on the range (if different from last application)

Type, quantity and calibre of firearms to be used on the range. eg 10 x .177 cal single shot air rifles etc (if different from last application)

F. PERSONAL HISTORY - Nominated person 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 for an offence referred to in question e) or an Interim Apprehended Violence Order? YES NO
- c) Been, or are presently, subject to a firearms/weapons prohibition order, other than an order that has been revoked? YES NO
- d) Have you ever attempted suicide or self harm, or in the past 12 months been referred or treated for alcoholism, drug dependence, or a mental or nervous disorder or illness? YES NO
- e) Within the last 10 years, been convicted of an offence involving firearms or weapons, prohibited drugs/plants, fraud/dishonesty/stealing, prescribed restricted substances, terrorism, violence, robbery, organised criminal groups and recruitment, or an offence of a sexual nature? YES NO
- f) Within the last 10 years been the subject of a Apprehended Violence Order (other than an order which was revoked) or an injunction ordered by the Family Court? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS AS AN ATTACHMENT

G. 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 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 Date

Witness Name Date

Witness Signature I confirm that I am 18 years of age or over, and have witnessed the signing of this application

H. CREDIT CARD AUTHORITY Please debit my credit card for **\$100.00** MasterCard Visa

CARD Number Expiry Date /

Cardholder Name (PLEASE PRINT)

Cardholder Signature Date

OFFICE USE ONLY

Receipt No. Amount **\$100.00** Date

