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ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY P560

First Time Application for a Firearms Dealer Licence

THIS APPLICATION FORM IS FOR A FIRST TIME FIREARMS DEALER LICENCE APPLICATION

A. BUSINESS DETAILS

Dealer Name or Business Name

Trading Name

Mobile Phone Business Phone No ABN

Email Address ACN (if applicable)

B. BUSINESS ADDRESS - This will be noted as the safekeeping address for all firearms

Unit No Property Name

Street No Street Name

Suburb State Postcode

C. POSTAL ADDRESS - If the same as your business address please mark this box with an X

PO Box No Unit Street No / Street Name

Suburb State Postcode

D. NOMINATED PERSON DETAILS - this is the person responsible for the business .

NOTE: If this application is for a corporation, the nominated person must also make application for an Employee Authority to be authorised to possess firearms registered to the business.

Last Name

Given Names

Date of Birth DD MM YYYY 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)

E. POSTAL ADDRESS - If the same as your business address please mark this box with an X

PO Box No Unit Street No / Street Name

Suburb State Postcode

F. FIREARMS SAFETY TRAINING - NOMINATED LICENCE HOLDER

Firearms Licence Qualification Certificate(s) or other approved course certification attached **OR** Previous NSW Firearms Licence number

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G. FIREARMS TYPES - Mark the relevant boxes with an 'X' to indicate the type of firearms in which you wish to trade.
 A B C D H

 Imitation Firearms If you wish to be authorised for imitation firearms, please enter the reason below.

PROHIBITED FIREARMS

If you wish to be authorised for prohibited firearms, you must complete the relevant section on the 'Firearms Dealer Licence Application Checklist' included with this application and substantiate your need to trade in these types of firearms.

H. 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 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**I. DECLARATION**

- I fully understand and can comply with the firearms safekeeping requirements of the Firearms Act 1996 and associated Regulation.
- 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 authorise the release of my personal information to any third party the Commissioner deems appropriate and for the purposes of any relevant Authority verifying the details of this application.
- 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 **CREDIT CARD PAYMENT** - Please debit my Credit Card for the amount of **\$500** MasterCard Visa Card Card Number Expiry Date Month Year Cardholder Name Cardholder Signature Date **OFFICE USE ONLY**Receipt No. Amount **\$500.00** Date

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