



NSW POLICE FORCE - FIREARMS REGISTRY P649

Application for a Firearms Dealer Theatrical Armourer Licence

ABN 43 408 613 180

This form is interactive. Please complete all sections, print and sign the form and send with supporting documentation to Firearms Registry, Locked Bag 1, Murwillumbah NSW 2484.

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

New Application
 Reapplication
 Existing NSW Theatrical Armourer Licence/Permit Number (re-application)

A. THEATRICAL ARMOURER DETAILS

Business Name
 Trading Name
 Mobile Phone Business No
 Email Address ABN/ACN Number

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

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 PERSON

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



