

You are required to provide 100 points of identity with your application for a new licence under this Act.

**1. APPLICANT DETAILS**

*Please Use BLOCK LETTERS in dark pen only.*

The applicant to complete.

**1.1 APPLICANT DETAILS**

Surname	<input style="width: 100px; height: 20px;" type="text"/>	Date of Birth	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Given Name(s)	<input style="width: 100px; height: 20px;" type="text"/>	dd	mm	yyyy	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

**1.2** Have you been known by any other names? Yes  No   
 If yes, please provide details:

Previous Surname   
 Previous Given Name(s)

**1.3 RESIDENTIAL DETAILS**

Street Number   
 Street Name   
 Suburb   
 State  Post Code

**1.4 POSTAL ADDRESS** (if different from above)

Street Number   
 Street Name   
 Suburb   
 State  Post Code

**1.5 CONTACT DETAILS**

Home	<input style="width: 60px; height: 20px;" type="text"/>	Work	<input style="width: 60px; height: 20px;" type="text"/>
Mobile	<input style="width: 60px; height: 20px;" type="text"/>	Fax	<input style="width: 60px; height: 20px;" type="text"/>
E-mail	<input style="width: 100%; height: 20px;" type="text"/>		

**2. LICENCE CLASS**

The applicant to complete.

This information is required to support your genuine reason.

**Genuine Reasons**  
 (See the Genuine Reason Guide for further details:

- Firearms Collection.

**2.1** Select the category of firearm(s) you are applying to be licenced to collect?

<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>
A	B	C	H

**2.2** What is your Genuine Reason for having a firearm licence?



# COLLECTORS FIREARM LICENCE APPLICATION

ACT Firearms Act 1996 - Part 7

## 2. LICENCE CLASS (continued)

### The applicant to complete.

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

**All firearms manufactured on or after 1 January 1900, or that are a prohibited pistol must be rendered incapable of firing.**

Category A, B, H firearms must be rendered inoperable as per the Firearms Regulations 2008.

Category C & D firearms must be rendered permanently inoperable as per the Firearms Regulations 2008.

The applicant is not authorised to discharge a firearm that is part of a collection.

Any firearm that is registered on a Collectors Licence will not be transferred to another type of licence held by the applicant.

2.4 Have you ever held a firearms licence in the ACT or another state or territory in Australia? Yes  No   
If no, move to 2.5.

If yes, what was your previous firearms licence Number?

What category of firearm(s) were you licenced for?       
A B C D H

What state was this licence issued in?

ACT  NSW  VIC  TAS  QLD  NT  SA  WA

2.5 Have you ever been refused a firearms licence? Yes  No

2.6 Have you ever had a firearms licence cancelled or suspended? Yes  No

2.7 If you answered yes to either 2.5 or 2.6, please provide the reason(s) why.

2.8 Have you completed the relevant firearms safety training? (All applicants that have not held a previous ACT Firearms Licence) Yes  No

**You must provide proof of the successful completion of an approved firearms safety training course**

2.9 Detail the manufacturer and model of firearm(s) you intend to collect?

2.10 Has the firearm(s) been rendered inoperable? Yes  No

**You must provide evidence that the firearm has been rendered inoperable**

2.11 Do you currently have firearms in your collection? Yes  No

If yes, detail the manufacturer and model of firearm(s) currently in your collection?

## 3. CLUB ASSOCIATIONS

### The applicant to complete.

Applicants that are not members of approved collectors clubs or who have not been members for 12 months are not eligible for a collectors licence.

3.1 Are you a member of an approved collectors club? Yes  No  If no, go to 4.1

If yes please provide the following details:

Membership number

Club Name

What date did you join the club?   
dd mm yyyy

# COLLECTORS FIREARM LICENCE APPLICATION

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## 3. CLUB ASSOCIATIONS

### Club official to complete

In completing this section the club official certifies that the club information given by the applicant is true and correct as recorded in the appropriate club records.

### 3.2 Club Official Details

Surname

Given Name(s)

Position held with in the club

Signature of Club Official

Club Stamp

## 4. PERSONAL HISTORY

### The applicant to complete.

This information is used to assess your suitability for a firearms licence.

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

**4.1** Do you have any physical and/or mental disability which may render you unfit to use or be in possession of a firearm? Yes  No

If yes, please provide details:

**4.2** 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 4.2 please provide details:

**4.3** Have you in the last 10 years been convicted of an offence? Yes  No

If yes please provide details:

**4.4** 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:

# COLLECTORS FIREARM LICENCE APPLICATION

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## 4. PERSONAL HISTORY (Continued)

### The applicant to complete.

This information is used to assess your suitability for a firearms licence.

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

4.5 Are you an Australian citizen?

Yes  No  If yes, go to 5.1

4.6 If no, when did you arrive in Australia?

dd mm yyyy

4.7 What is your country of birth?

4.8 Are you a permanent resident of Australia?

Yes  No

4.9 Are you in Australia on a Visa?

Yes  No  If no, go to 4.13

4.10 What type of Visa do you hold?

4.11 What is the expiry date of your Visa?

dd mm yyyy

4.12 Have you ever been refused a Visa?

Yes  No

If yes please provide details:

4.13 Have you ever been refused entry into or deported from Australia?

Yes  No

If yes please provide details:

4.14 Do you have a passport?

Yes  No  If no, go to 4.15

If yes, what is the passport number?

What is the country of issue?

4.15 Do you have a firearms licence issued by another country?

Yes  No  If no, go to 5.1

If yes, what is the firearms licence number?

What is the country of issue?



# COLLECTORS FIREARM LICENCE APPLICATION

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## 5. STORAGE

The applicant to complete.

Firearms and ammunition must be stored at an address with in the ACT.

5.1 How will your firearms be stored?

5.2 How will your ammunition be stored?

5.3 What address (in the ACT) do you wish to nominate as the registered address to store your firearm (s) and ammunition?

## 6. APPLICANT DECLARATION

The applicant to complete.

### 6.1 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

## ADDITIONAL INFORMATION

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**Upon completion of this form please submit it in person at the ACT Firearms Registry.**

## ACT Firearms Registry

GPO Box 401, Canberra ACT 2601  
Phone: 02 62567777 Fax: 02 62567758  
Email: actfirearmsregistry@afp.gov.au



# COLLECTORS FIREARM LICENCE APPLICATION

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## 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

Signature of Approving Officer

APPROVED  NOT APPROVED

### Approval Date

Printed Name and Badge Number

dd mm yyyy

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

dd mm yyyy

### Licence Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

### Licence Receiver

Signature of Receiver

Printed Name

Applicant  Agent

dd mm yyyy