



FIREARM DEALER (CLUB ARMOURER'S) LICENCE APPLICATION

ACT Firearms Act 1996 - Part 7 and 13

ACT Firearms Registry
Use Only
Licence Number:

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.

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

1.1 APPLICANT DETAILS

Surname Date of Birth dd mm yyyy

Given Name(s)

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 Work

Mobile Fax

E-mail

2. LICENCE DETAILS

The applicant to complete.

This information is required to support your genuine reason.

Genuine Reasons

(See the Genuine Reason Guide for further details:

- Club Armourer

The Registrar will authorise the applicant, as deemed necessary by the Registrar, to deal in any of the following firearm categories:

A B C H

2.1 What functions do you wish to be licenced to conduct as a Club Armourer?

Acquire Dispose of Repair/Maintain Store Test

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

**CLUB ARMOURERS ARE ONLY AUTHORISED TO TRADE WITH CLUB MEMBERS AND TO MEMBERS OF VISITING CLUBS.
CLUB ARMOURERS ARE NOT AUTHORISED TO MAKE A PROFIT.**



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2. LICENCE DETAILS (continued)

The applicant to complete.

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

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

If yes, what was your previous firearms licence Number?

What category of firearm(s) were you licenced for?

What state was this licence issued in? A B C D H

ACT NSW VIC TAS QLD NT SA WA

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

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

2.6 If you answered yes to either 2.4 or 2.5, please provide the reason(s) why.

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

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

3. CLUB DETAILS

The applicant to complete.

3.1 Club Name

3.2 Business Registration Number

3.3 What is the core business function of the club?

3.4 BUSINESS ADDRESS

Street Number

Street Name

Suburb

State Post Code

3.5 CONTACT DETAILS

Work Fax

3.6 Club Representative Details

Surname

Given Name(s)

Position held with in the club

Signature of Club Representative

Date
dd mm yyyy

Club Stamp

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4. CLOSE ASSOCIATES

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 close associates in the club? Yes No If no, go to 5.1

4.2 Complete the following details for each close associate (including the nature of your association):

	Date of Birth
Surname <input type="text"/>	<input type="text"/>
Given Name(s) <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	dd mm yyyy

4.3 Has the close associate been known by any other names? Yes No
 If yes, please provide details:

Previous Surname

Previous Given Name(s)

4.4 RESIDENTIAL DETAILS

Street Number

Street Name

Suburb

State Post Code

Home Work

Mobile Fax

E-mail

4.5 What is the close associates firearm licence Number?

4.6 What state is this licence issue in? ACT NSW VIC TAS QLD NT SA WA

4.7 How is the close associate associated to you and or the club?

5. PERSONAL HISTORY

The applicant to complete

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

5.1 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:



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5. PERSONAL HISTORY (Continued)

The applicant to complete

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

5.2 Have you ever suffered or received treatment for any of the following:

- Mental and or emotional illness? Yes No
- Excessive alcohol consumption? Yes No
- Illicit drug use or dependence? Yes No
- Fits, blackouts or dizziness? Yes No
- Serious head injuries? Yes No
- Any other condition not previously mentioned? Yes No

If you answered yes to any of 5.2 please provide details:

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

If yes please provide details:

5.4 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:

5.5 Are you an Australian citizen? Yes No If yes, go to 6.1

5.6 If no, when did you arrive in Australia?
dd mm yyyy

5.7 What is your country of birth?

5.8 Are you a permanent resident of Australia? Yes No

5.9 Are you in Australia on a Visa? Yes No If no, go to 5.13

5.10 What type of Visa do you hold?

5.11 What is the expiry date of your Visa?
dd mm yyyy

5.12 Have you ever been refused a Visa? Yes No

If yes please provide details:

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5. PERSONAL HISTORY (Continued)

The applicant to complete

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

5.13 Have you ever been refused entry into or deported from Australia? Yes No

If yes please provide details:

5.14 Do you have a passport? Yes No If no, go to 5.15

If yes, what is the passport number?

What is the country of issue?

5.15 Do you have a firearms licence issued by another country? Yes No If no, go to 6.1

If yes, what is the firearms licence number?

What is the country of issue?

6. STORAGE

The applicant to complete.

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

6.1 How will your firearms be stored?

6.2 How will your ammunition be stored?

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

6.4 Are you aware of the legislated storage requirements? Yes No

7. APPLICANT DECLARATION

The applicant to complete.

7.1 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



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ADDITIONAL INFORMATION

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

ACT Firearms Registry Use Only.

Receipt Number Amount \$ Receipt Date
 Date of Application
 dd mm yyyy

ID Verification

ID Type ACT Firearms Licence Drivers Licence Passport
 Primary ID Number
 Secondary ID

Licence Conditions

The applicant is authorised to possess and use firearms to perform the following functions:

Acquire Yes No Store Yes No
 Dispose of Yes No Repair/Maintain Yes No
 Test Yes No

The applicant is authorised to conduct the functions ticked above with the following category of firearm(s):

A B C H

Signature of Approving Officer

APPROVED NOT APPROVED

Approval Date

dd mm yyyy

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

dd mm yyyy

Printed Name and Badge Number

Licence Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

Licence Receiver

Signature of Receiver

Printed Name

dd mm yyyy

Applicant

Agent