



FIREARM REGISTRATION APPLICATION

ACT Firearms Act 1996 - Part 11

ACT Firearms Registry
Use Only
Licence Number:

APPLICANT DETAILS

Firearms licence number

Surname

Given Name(s)

Date of Birth

dd mm yyyy

REGISTERED STORAGE ADDRESS

Street Number

Street Name

Suburb

State

Post Code

Licence Category

A B C H

Genuine Reason to possess/use a firearm?

FIREARM DETAILS

Type

Action

Make

Magazine Capacity

Model

Serial number

Calibre/Common Name

Barrel Length (MM)

Firearm Category
A B C H

Previous firearm registration number

State of registration ACT NSW VIC TAS QLD NT SA WA

DEALER DETAILS (If required)

Firearms licence number

Business Name

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 understand and agree to abide by all provisions related to the safe storage and security requirements as required by legislation. I consent to Police making any enquiries necessary to assess this application. I agree to my identifying information being checked with the Issuer or Official Record Holder.

Signature of person making the declaration

dd mm yyyy

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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

Registration Conditions

Current Registration

ACT NSW VIC TAS QLD NT SA WA

Registration Number

Signature of Approving Officer

Printed Name and Badge Number

APPROVED NOT APPROVED

APPROVAL DATE

dd mm yyyy

Registration Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

Registration Receiver

Signature of Receiver

Printed Name

Applicant Agent

dd mm yyyy