



AUSTRALIAN FEDERAL POLICE

Email or post your completed form to:

ACT Police Firearms Registry

Phone: 02 51269076

Email: [actfirearmsregistry@afp.gov.au](mailto:actfirearmsregistry@afp.gov.au)

**PUBLIC PLACE PERMIT –  
VERMIN CONTROL or ANIMAL WELFARE (Individual or Business)**  
(Section 222 Firearms Act 1996)

<b>PART 1 - APPLICANT'S LICENCE DETAILS (All applicants must complete this part)</b>	
Licence Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Licence Expiry date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

<b>APPLICANT'S DETAILS (All applicants must complete this part)</b>	
Organisation Name (if applicable)	<input type="text"/>
Trading Name (if applicable):	<input type="text"/>
Nominee Name (if applicable):	<input type="text"/>
Family Name (Mr/Mrs/Miss/Ms):	<input type="text"/>
Given Name(s):	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Business/Residential Address:	<input type="text"/>
	State: <input type="text"/> Postcode: <input type="text"/>
Postal Address:	<input type="text"/>
	State: <input type="text"/> Postcode: <input type="text"/>
Telephone:	(H) <input type="text"/> (W) <input type="text"/> (M) <input type="text"/>
Email address:	<input type="text"/>

<b>PERMIT TYPE (All applicants must complete this part). Place an X in the relevant box.</b>		
Individual:	<input type="checkbox"/>	
Business:	<input type="checkbox"/>	
<b>PERMIT ACTIVITY (All applicants must complete this part). Place an X in the relevant box.</b>		
Animal Welfare:	<input type="checkbox"/>	<b>Go to Part 2</b>
Vermin Control:	<input type="checkbox"/>	<b>Go to Part 3</b>

**Note:** Choose one permit per application.

<b>PART 2 – ACTIVITY DETAILS FOR ANIMAL WELFARE</b>
Nominated geographical location of activities:
Permit duration sought (up to 12 months):
Any additional proposed safety measures:

The type of animal to be euthanized or tranquillised:

### PART 3 - ACTIVITY DETAILS AND SITE PLAN FOR VERMIN CONTROL

**Note:** Documents need to be provided by the landowners giving permission to the applicant and any other affiliated licence holder's permission to conduct the activity on the land, and highlighting the need for the activity to occur.

Land owner's name i.e. Organisation or individual's name:

Specific address or location of the shoot:

What is manufactured/produced, or activity is undertaken at the property/location?

Contact name at location: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date(s) of the activity (if ongoing please indicate timeframes): \_\_\_\_\_

Times of activity: START: \_\_\_\_\_ FINISH: \_\_\_\_\_

Type of vermin: \_\_\_\_\_

Outline other methods of eradication that have proved unsuccessful at the location:

**Note:** An inspection of the site will need to be carried out by the Divisional Firearms Officer or their delegate, to ensure that the activity can be conducted safely at the location.

- a) If the site has not been previously been inspected, the application must be submitted 28 working days prior to the requested dates.
- b) If the site has been inspected within the last two years, the application maybe submitted 15 working days prior to the requested dates.

Have there been any known infrastructure changes to the location within the last two years? (If changes have occurred it will need to be re-inspected).

YES  NO

**Please attach a site plan of the location where the activity will take place (attach photographs if available).**

**The site plan is not required to be to scale, however it should indicate the following:**

- The position from where the shots are to be fired;
- The direction in which they are to be fired;
- The distance from any neighbouring properties; and
- The type of buildings and public thoroughfares in the vicinity.

**The Divisional Firearms Officer will refer to these documents when conducting their inspection and assessment of the site.**

### DETAILS OF FIREARM LICENCE HOLDERS REQUIRED TO PARTAKE IN THE ACTIVITY OF VERMIN CONTROL

Name: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Name: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Name: \_\_\_\_\_ Licence Number: \_\_\_\_\_

<b>FIREARM DETAILS (All applicants must complete this part)</b>			
<b>Category</b>	<b>Type</b>	<b>Action</b>	<b>Calibre</b>

<b>SAFTEY ISSUES (All applicants must complete this part)</b>	
Do you have documented standard operating procedures including a risk assessment?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'Yes', have these been provided to Victoria Police in the past 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'No' to either of these questions, you must supply a copy of your current standard operating procedures, which should include the use of firearms, with this application.	

<b>PUBLIC LIABILITY (All applicants must complete this part)</b>	
Do you have public liability insurance that covers this activity, specifically the use of firearms in a public place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'Yes', have they been provided to Victoria Police in the past 12 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Vermin Control:</b> If 'No' does the landowner have the insurance to cover you (the applicant)? Evidence of this will need to be provided with this application.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Animal Welfare:</b> If 'No' you must supply a copy of your current public liability insurance that covers this activity, specifically the use of firearms in a public place.	YES <input type="checkbox"/> NO <input type="checkbox"/>

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date of Application**

**Note:** Before you post this application to Licensing & Regulation Division, please the checklists on the next page.

<b>APPLICATION CHECKLIST FOR VERMIN CONTROL</b>	
Have you provided the name of the landowner i.e. organisation/person seeking permission to shoot in a public place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided a letter of permission/evidence of contract from the landowner of the property/location where the shooting will be taking place, outlining the need for Vermin Control and how often it will need to be completed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has this letter been signed by the Chief Executive Officer or equivalent?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided a site plan indicating where shots are to be fired and which direction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do all individuals required to partake in the shooting have Vermin Control as a genuine reason on their licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are all shooters licensed in the category of the firearms to be used?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided safety procedures including a risk assessment that outline standard operating procedures of the business/individual during the course of the activity? (or within the last 12 months).	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided a current copy of a Level 1 – First Aid Qualification?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided evidence of public liability insurance, specifying the use of firearms? (If own firearms are not being used, insurance will need to cover the use of another individual's firearm).	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>APPLICATION CHECKLIST FOR ANIMAL WELFARE</b>	
Have you provided proof of assisting at or employment by an Animal Welfare shelter or society (or within the last 12 months)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have public liability insurance that covers this activity, specifically the use of firearms in a public place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided safety procedures including a risk assessment that outlines standard operating procedures of the business/individual during the course of the activity (or within the last 12 months)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do all individuals required to partake in the shooting have Animal Welfare as a genuine reason on their licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are all shooters licensed in the category of the firearms to be used?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you provided a current copy of a Level 1 – First Aid Qualification?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**Email the completed application and supporting documents to [actfirearmsregistry@afp.gov.au](mailto:actfirearmsregistry@afp.gov.au) or post to: ACT Firearms Registry, GPO Box 401, Canberra, ACT, 2601. For further enquiries contact ACT Firearms Registry on 02 51269076.**