



**ACT
Policing**

Email or post your completed form to:
ACT Police Firearms Registry
Phone: 02 51269076
Email: actfirearmsregistry@afp.gov.au

PUBLIC PLACE PERMIT
VERMIN CONTROL or ANIMAL WELFARE (Individual or Business)
(Section 222 Firearms Act 1996) (A.C.T)

PART 1 - APPLICANT'S LICENCE DETAILS (All applicants must complete this part)

Licence Number:

Licence Expiry date:

APPLICANT'S DETAILS (All applicants must complete this part)

Organisation Name (if applicable)

Trading Name (if applicable):

Family Name (Mr/Mrs/Miss/Ms):

Given Name(s):

Date of Birth:

Business/Residential Address:

Phone:

Email address:

PERMIT TYPE (All applicants must complete this part). Place an X in the relevant box.

Individual:

Business:

PERMIT ACTIVITY (All applicants must complete this part). Place an X in the relevant box.

Animal Welfare:

Vermin Control:

PART 2 - ACTIVITY DETAILS

Nominated geographical location of activities:

Permit duration sought (up to 6 months):



ACT Policing

Contact name at location:
 Contact number:
 Date(s) of the activity (if ongoing please indicate timeframes):
 Times of activity - START: FINISH:
 Type of vermin:

The ACT Firearms Registry will refer to these documents when conducting their 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:

FIREARM DETAILS (All applicants must complete this part)			
Category	Type	Action	Calibre

Signature of Applicant

Date of application

Note: Before you email this application to ACT Firearms Registry, please the checklists on the next page. Email: actfirearmsregistry@afp.gov.au



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APPLICATION CHECKLIST FOR VERMIN CONTROL		
Have you provided the name of the landowner i.e. organisation/ person seeking permission to shoot in a public place?	YES	NO
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	NO
Has this letter been signed by the Chief Executive Officer or equivalent?	YES	NO
Do all individuals required to partake in the shooting have Vermin Control as a genuine reason on their licence?	YES	NO
Are all shooters licensed in the category of the firearms to be used?	YES	NO
APPLICATION CHECKLIST FOR ANIMAL WELFARE		
Do you have public liability insurance that covers this activity, specifically the use of firearms in a public place?	YES	NO
Do all individuals required to partake in the shooting have a genuine reason on their licence?		

Email the completed application and supporting documents to 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.