ACT Policing

Public Place Permit

Vermin Control / Animal Welfare (individual / business)

ACT Firearms Act 1996 - Section 222

ACT Firearms Registry Use Only
Licence Number:

You are required to provide 100 points of identity. You must include your ACT Driver Licence and Birth Certificate or current Australian Passport.

APPLICANT DETAILS

Firearms licence number

Date of birth

dd *mm* *yyyy*

Surname

Given Name(s)

Email

Phone

RESIDENTIAL DETAILS

Street Number

Street Name

Suburb

State

Postcode

PERMIT TYPE

☐ Individual ☐ Business

PERMIT ACTIVITY

☐ Animal Welfare ☐ Vermin Control

ACTIVITY DETAILS

Nominated geographical location of activities:

Permit duration sought (up to 6 months):

Contact name at location:

Contact number:

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

Time of activity - START: FINISH:

Type of vermin:

The ACT Firearms Registry will refer to these documents when conducting their assessment of the site.

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

Name:

Firearms licence number

Name:

Firearms licence number

Name:

Firearms licence number

FIREARM DETAILS

Type Action

Make Model

Calibre/Common Name Barrel Length (mm)

Serial Number

Type Action

Make Model

Calibre/Common Name Barrel Length (mm)

Serial Number

Signature of Applicant

dd *mm* *yyyy*

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?	YES ☐	NO ☐

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 5126 9076**.

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Date of Application _____
dd mm yyyy

ID Type: ACT Firearms Licence ☐ Drivers Licence ☐ Birth Certificate ☐ Passport ☐

Primary ID Number _____

Secondary ID Number _____

Address Conditions

_____
Signature of Processing Officer

Approved ☐ Refused ☐

_____
Printed Name and Badge Number

Approval Date _____
dd mm yyyy

ACT Firearms Registry
GPO Box 401, Canberra ACT 2601
Phone: 02 61332122 Fax: 02 61332188
Email: actfirearmsregistry@afp.gov.au