



COMPOSITE ENTITY FIREARM LICENCE APPLICATION

ACT Firearms Act 1996 - Part 7

2. LICENCE CLASS (continued)

The applicant to complete.

Genuine Reasons (Continued)

- **Employment:**
-Farming/grazing
- **Approved Club:**
-Sport or Target Shooting
- **Government Agency.**

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

2.4 Have you ever held a firearms licence in the ACT or another state or territory in Australia? Yes No
If no, move to 2.5.

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

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

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

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

2.8 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. ENTITY DETAILS

The applicant to complete.

3.1 Entity Name

3.2 Business Registration Number

3.3 Has the entity been known by any other names? If yes, please provide details: Yes No

Previous Name

3.4 What is the core business function of the entity?

3.5 BUSINESS ADDRESS

Street Number

Street Name

Suburb

State Post Code

3.6 POSTAL ADDRESS (if different from above)

Street Number

Street Name

Suburb

State Post Code

3.7 CONTACT DETAILS

Work Fax

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3. ENTITY DETAILS (Continued)

The applicant to complete.

An employee list on the entity's letterhead and signed by the applicant, must be attached to this application.

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

3.8 Is the entity a security organisation? Yes No

If yes, what is the entity's Master Licence Number?

3.9 Why does the entity need to possess a firearm?

3.10 How many firearms does the entity need to possess?

3.11 Complete the following details for the firearm(s) the entity will possess:

Firearm Make

Firearm Model

Calibre

4. PERSONAL HISTORY

The applicant to complete

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

4.1 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:

4.2 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 the above questions please provide details:

4.3 Have you in the last 10 years been found guilty of an offence? If yes please provide details: Yes No

4.4 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:

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4. PERSONAL HISTORY (Continued)

The applicant to complete

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

4.5 Are you an Australian citizen?

Yes No If yes, go to 5.1

4.6 If no, when did you arrive in Australia?

dd mm yyyy

4.7 What is your country of birth?

4.8 Are you a permanent resident of Australia?

Yes No

4.9 Are you in Australia on a Visa?

Yes No If no, go to 4.13

4.10 What type of Visa do you hold?

4.11 What is the expiry date of your Visa?

dd mm yyyy

4.12 Have you ever been refused a Visa?

Yes No

If yes please provide details:

4.13 Have you ever been refused entry into or deported from Australia?

Yes No

If yes please provide details:

4.14 Do you have a passport?

Yes No If no, go to 4.15

If yes, what is the passport number?

What is the country of issue?

4.15 Do you have a firearms licence issued by another country?

Yes No If no, go to 5.1

If yes, what is the firearms licence number?

What is the country of issue?



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5. STORAGE

The applicant to complete.

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

5.1 How will your firearms be stored?

5.2 How will your ammunition be stored?

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

6. APPLICANT DECLARATION

The applicant to complete.

6.1 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 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

ADDITIONAL INFORMATION

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

ACT Firearms Registry

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



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ACT Firearms Registry Use Only.

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

Licence Conditions

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

Applicant

Agent

dd mm yyyy