



# AMMUNITION COLLECTION APPLICATION

ACT Firearms Act 1996 - Part 41

ACT Firearms Registry  
Use Only  
Licence Number:

## APPLICANT DETAILS

Surname

Given Name(s)

Date of Birth

dd mm yyyy

## REGISTERED STORAGE ADDRESS

Street Number

Street Name

Suburb

State  Post Code

Genuine Reason to collect ammunition?

Firearms Licence number

What category of firearm(s) are you licenced for?       
A B C D H

## AMMUNITION DETAILS

Who is the manufacturer of the ammunition you wish to collect?

What is the date of manufacture of the ammunition you wish to collect?

What calibre of ammunition do you wish to collect?

What quantity of the ammunition listed above do you wish to collect?

Does the ammunition bear a headstamp?  
If yes, what is the headstamp? Yes  No

## 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

Date  
       
dd mm yyyy



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ACT Firearms Act 1996 - Part 41

## 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

### Registration Conditions

**Authorisation to collect ammunition is only valid for one year.**

Signature of Approving Officer

APPROVED  NOT APPROVED

**ISSUE DATE**  
  
dd mm yyyy

Printed Name and Badge Number

**APPROVAL DATE**  
  
dd mm yyyy

**EXPIRY DATE**  
  
dd mm yyyy

### Certificate Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

### Certificate Receiver

Signature of Receiver

Printed Name

Applicant  Agent

dd mm yyyy

## ACT Firearms Registry

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