





# FIREARM DEALER LICENCE APPLICATION

ACT Firearms Act 1996 - Part 7 and 13

## 2. LICENCE DETAILS (continued)

The applicant to complete.

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

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

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

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

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

2.6 If you answered yes to either 2.4 or 2.5, please provide the reason(s) why.

2.7 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? Yes  No

Previous Name

What is the core business function of the entity?

### 3.4 BUSINESS ADDRESS

Street Number

Street Name

Suburb

State  Post Code

### 3.5 POSTAL ADDRESS (if different from above)

Street Number

Street Name

Suburb

State  Post Code

### 3.6 CONTACT DETAILS

Work  Fax



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## 5. PERSONAL HISTORY (Continued)

**The applicant to complete**

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

**5.2** Have you ever suffered or received treatment for any of the following:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Mental and or emotional illness?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Excessive alcohol consumption?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Illicit drug use or dependence?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fits, blackouts or dizziness?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Serious head injuries?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any other condition not previously mentioned? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered yes to any of 5.2 please provide details:

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

**5.4** 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:

**5.5** Are you an Australian citizen? Yes  No  If yes, go to 6.1

**5.6** If no, when did you arrive in Australia?          
dd mm yyyy

**5.7** What is your country of birth?

**5.8** Are you a permanent resident of Australia? Yes  No

**5.9** Are you in Australia on a Visa? Yes  No  If no, go to 5.13

**5.10** What type of Visa do you hold?

**5.11** What is the expiry date of your Visa?          
dd mm yyyy

**5.12** Have you ever been refused a Visa? Yes  No

If yes please provide details:

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## 5. PERSONAL HISTORY (Continued)

The applicant to complete

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

**5.13** Have you ever been refused entry into or deported from Australia? Yes  No

If yes please provide details:

**5.14** Do you have a passport? Yes  No  If no, go to 5.15

If yes, what is the passport number?

What is the country of issue?

**5.15** Do you have a firearms licence issued by another country? Yes  No  If no, go to 6.1

If yes, what is the firearms licence number?

What is the country of issue?

## 6. STORAGE

The applicant to complete.

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

**6.1** How will your firearms be stored?

**6.2** How will your ammunition be stored?

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

**6.4** Are you aware of the legislated storage requirements? Yes  No

## 7. APPLICANT DECLARATION

The applicant to complete.

### 7.1 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

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## ADDITIONAL INFORMATION

.....  
.....

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

### 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

#### The applicant is authorised to possess firearms to perform the following functions:

|            |                              |                             |                 |                              |                             |
|------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Acquire    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Store           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Dispose of | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Repair/Maintain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Test       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Manufacture     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### The applicant is authorised to conduct the functions ticked above with the following categories:

A B C H

Signature of Approving Officer

Printed Name and Badge Number

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

#### Licence Issuer

Signature of Issuing Officer

Printed Name and Badge Number

dd mm yyyy

#### Licence Receiver

Applicant

Signature of Receiver

Agent

Printed Name

dd mm yyyy