

ACT Firearms Act 1996 - Part 9, Customs (Prohibited Imports) Regulations 1956 ACT Firearms Registry
Use Only
Licence Number:

You are required to provide 100 points of identity with your application.

1. APPLICANT D	ETAILS Please Use BLOCK LETTERS in dark pen only.
The applicant to	1.1 APPLICANT DETAILS Date of Birth
complete. The applicant is considered to be the Registered Principal of the composite entity and is nominated to hold the composite entity firearm	Surname Surname
	Given Name(s) dd mm yyyy
	1.2 Have you been known by any other names? If yes, please provide details:
licence.	Previous Surname Previous Surname
If there is insufficient space to complete a question, please provide	Previous Given Name(s)
additional details at the end of this application.	1.3 RESIDENTIAL DETAILS
	Street Number
	Street Name
	Suburb
	State Post Code
	1.4 POSTAL ADDRESS (if different from above)
	Street Number
	Street Name
	Suburb Suburb
	State Post Code
	1.5 CONTACT DETAILS
	Home Work Work
	Mobile Fax Fax
	E-mail
2. LICENCE DETA	AILS
The applicant to complete.	2.1 Firearms licence number?
	2.2 Where was the licence issued?
	ACT NSW VIC TAS QLD NT SA WA
	2.3 Date of licence expiry? dd mm yyyy
	2.4 Is this request for business or personal purposes? Business If yes, go to 3.1
	Personal If yes, go to 4.1



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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? 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 Post Code State 3.6 CONTACT DETAILS Work Fax 4. ITEM DETAILS (Continued) **4.1** Complete the following details for the item(s) you wish to import/export: Magazine Barrel Calibre capacity length Firearm Make Firearm Model Serial Number Action

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4. ITEM DETAILS (Continued)

4.1 (cont) Complete the following		e item(s) you wish to i	import/export:			
Firearm Make	Firearm Model	Calibre	Serial Number	Action	Magazine capacity	Barrel length

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4. ITEM 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.

Date of item(s) arrival?	dd mm	уууу			
Are you departing or arriving	Australia with the	se items?	Yes No	If no, go to 4.5	į
f yes, what is your departure/a		dd mm y	/yyy		
What is the departure/arrival ai	rport?				
What airline will you be departi	ng/arriving on?				
What is the flight number?					
Reason for importing/exporti	ng the item(s)?				

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APPLICANT DECLARATION The applicant to complete. **5.1 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 and Customs (prohibited imports) Regulations 1956. 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. dd mm уууу Signature of person making the declaration **ACT Firearms Registry Use Only. Date of Application** dd mm уууу **ID Verification** ID Type ACT Firearms Licence **Drivers Licence** Passport **Conditions** Primary ID Number Secondary ID **APPROVED NOT APPROVED** Signature of approving officer

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ADDITIONAL INFORMATION

ACT Firearms Registry

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

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