



ADULT PAINTBALL MARKER LICENCE APPLICATION

ACT Firearms Act 1996 - Part 7

ACT Firearms Registry
Use Only
Licence Number:

You are required to provide 100 points of identity with your application for a licence under this Act.

1. APPLICANT DETAILS

Please Use BLOCK LETTERS in dark pen only.

The applicant to complete.

1.1 APPLICANT DETAILS

Surname [grid] Date of Birth [grid] dd mm yyyy
Given Name(s) [grid]

1.2 Have you been known by any other names? Yes [] No []
If yes, please provide details:

Previous Surname [grid]
Previous Given Name(s) [grid]

1.3 RESIDENTIAL DETAILS

Street Number [grid]
Street Name [grid]
Suburb [grid]
State [] Post Code [grid]

1.4 POSTAL ADDRESS (if different from above)

Street Number [grid]
Street Name [grid]
Suburb [grid]
State [] Post Code [grid]

1.5 CONTACT DETAILS

Home [grid] Work [grid]
Mobile [grid] Fax [grid]
E-mail [grid]

2. LICENCE CLASS

The applicant to complete.

This information is required to support your genuine reason.

Genuine Reasons
(See the Genuine Reason Guide for further details:

- Paintball Activity.

All paintball markers require category A firearms storage.

2.1 What is your Genuine Reason for having a paintball marker

An Adult paintball Marker Licence authorises the holder to possess and use paintball markers and paint pellets only while at a registered Paintball Range.



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2. LICENCE CLASS (continued)

The applicant to complete.

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

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

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

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

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

2.5 If you answered yes to either 2.3 or 2.4, please provide the reason(s) why.

2.6 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

3. CLUB ASSOCIATIONS

The applicant to complete.

It is the responsibility of the applicant to provide evidence of participation in paintball competitions. Failure to do so may jeopardise your paintball licence.

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

3.1 Are you a member of an approved paintball range that conducts competitions or activities requiring the use of a paintball marker for which the licence is sought? Yes No If no, go to 3.2

If yes please provide the following details:

Membership number

Range Name

How often do you attend the club?

3.2 Have you participated in at least 4 paintball competitions since your last application? Yes No

If yes please provide the name, location and date of the competitions you participated in since your last application.

3.3 Range Official Details

Surname

Given Name(s)

Position held with in the range

Signature of Range Official

Range Stamp

Date
dd mm yyyy

Range official to complete

In completing this section the range official certifies that the club information given by the applicant is true and correct as recorded in the appropriate club records.

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4. PERSONAL HISTORY

The applicant to complete

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

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

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/paintball marker?

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 <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 4.2 please provide details:

4.3 Have you in the last 10 years been found guilty of an offence?

Yes No

If yes please provide details:

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.

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

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.

Paintball Markers must be stored at an address with in the ACT.

5.1 How will your paintball marker(s) be stored?

5.2 What is the registered address (within the ACT) where your paintball marker(s) will be stored?

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