



MINOR'S FIREARM LICENCE APPLICATION

ACT Firearms Act 1996 - Part 7

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.

2.4 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. CLUB ASSOCIATIONS

The applicant to complete.

3.1 Are you a member of an approved shooting club? Yes No If no, go to 4.1

If yes please provide the following details:

Membership number

Club Name

3.2 Club Official Details

Surname

Given Name(s)

Position held within the club

Club official to complete

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

Signature of Club Official

Club Stamp

Date
dd mm yyyy

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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?

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 4.2 please provide details:

4.3 Since the age of 10, have you been convicted of an offence? Yes No

If yes please provide details:

4.4 Since the age of 10, have you 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. RESPONSIBLE PERSON DETAILS

Responsible person to complete.

For a Minor's Firearms Licence to be issued a responsible person of the applicant must allow the minor to use and handle firearms.

As defined in the Firearms ACT 1996 a responsible person is an adult with parental responsibilities for the applicant.

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

5.1 RESPONSIBLE PERSON DETAILS

Surname
Given Name(s)

5.2 RESIDENTIAL DETAILS (As recorded on the Electoral Roll)

Street Number
Street Name
Suburb
State Post Code

5.3 CONTACT DETAILS

Home Work
Mobile Fax
E-mail

What is your relationship to applicant? Parent Guardian

5.4 Do you currently hold a firearms licence in the ACT or another state in Australia? If no go to 5.5. Yes No

If yes, what is the licence number?

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

What state is this licence issue in?
ACT NSW VIC TAS QLD NT SA WA

What category of firearms do you currently own?
A B C D H

5.5 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:

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5. RESPONSIBLE PERSON DETAILS (Continued)

Responsible person to complete.

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

5.6 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 5.6 please provide details:

5.7 Have you in the last 10 years been convicted of an offence? Yes No

If yes please provide details:

5.8 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:

6. RESPONSIBLE PERSON DECLARATION

The responsible person to complete.

6.1 RESPONSIBLE PERSON DECLARATION

DECLARATION

I declare that I have parental responsibility for the applicant and authorise the applicant to be issued a

Minors Firearm Licence for the purpose of

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 also consent to Police making any enquiries necessary to assess this application.

Signature of person making the declaration

dd mm yyyy



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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 also consent to Police making any enquiries necessary to assess this application.

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 62567777 Fax: 02 62567758
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 - Minor

ID Type ACT Firearms Licence Drivers Licence Passport

Primary ID Number

Secondary ID

Licence Conditions

ID Verification - Responsible Person

ID Type ACT Firearms Licence Drivers Licence Passport

Primary ID Number

Secondary ID

APPROVED NOT APPROVED

Licence Issue Date – No earlier than 28 days from the day after the application date.

Signature of Approving Officer

Approval Date

dd mm yyyy

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