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ABN 43 408 613 180

# NSW POLICE FORCE - FIREARMS REGISTRY P634

## Application for a Firearms Permit

Please use **BLACK PEN** and **CAPITAL LETTERS** to complete this form. Failure to complete all sections of this form and supporting documentation may result in delay or refusal of your application.

**THIS APPLICATION IS FOR A - Please mark appropriate box with an 'X'**

<input type="checkbox"/> New Application	<input type="checkbox"/> Reapplication	Existing NSW Firearms Licence or Permit Number (if held)	<input type="text"/>
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### A. PERSONAL AND CONTACT DETAILS

Last Name	<input type="text"/>		
Given Names	<input type="text"/>		
Date of Birth	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	Male <input type="checkbox"/> Female <input type="checkbox"/>	NSW Drivers Licence No. <input type="text"/>
Mobile Phone	<input type="text"/>	Home Phone No	<input type="text"/> <input type="text"/> <input type="text"/>
Email Address	<input type="text"/>		

If you have been known by another name, please provide details below (Last Name, Given Names)

### B. RESIDENTIAL ADDRESS

Unit No	<input type="text"/>	Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>

**C. POSTAL ADDRESS - If the same as your residential address please mark this box with an X** ☐

PO Box No	<input type="text"/>	Unit Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>

### D. BUSINESS, CLUB, GOVERNMENT AGENCY DETAILS

Business Name	<input type="text"/>		
Trading Name	<input type="text"/>	Business Phone No	<input type="text"/>
Business Address	<input type="text"/>		
Postal Address	<input type="text"/>		

### E. PERMIT TYPE

<input type="checkbox"/> Ammunition Collection	<input type="checkbox"/> Heirloom Permit	<input type="checkbox"/> Paint-Ball Game - Conduct	<input type="checkbox"/> Starting Pistol
<input type="checkbox"/> Ammunition Purchase & Sell	<input type="checkbox"/> Historical Re-enactment Organiser	<input type="checkbox"/> Paint-Ball Gun - Possess	<input type="checkbox"/> Tranquilliser Permit
<input type="checkbox"/> Arms Fair Permit - Conduct	<input type="checkbox"/> Imitation Firearm Permit	<input type="checkbox"/> Pistol Permit	<input type="checkbox"/> Other, please specify and attach additional information
<input type="checkbox"/> Cannon - permit for certain	<input type="checkbox"/> Off-Duty Possession of Pistol	<input type="checkbox"/> Powerhead Permit	<input type="text"/>
<input type="checkbox"/> Film, TV or Theatrical Productions	<input type="checkbox"/> Open Day	<input type="checkbox"/> Purchase non-prohibited firearm on leaving Australia	<input type="text"/>
<input type="checkbox"/> Firearms Instructor Permit	<input type="checkbox"/> Operate Safari Tour	<input type="checkbox"/> RSL Display Permit	<input type="text"/>
<input type="checkbox"/> Firearms Museum Permit	<input type="checkbox"/> Overseas Safari Tour Participant	<input type="checkbox"/> Scientific Purposes	<input type="text"/>

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**F. SAFEKEEPING ADDRESS OF FIREARMS - if same as Residential Address mark this box with an X****Please note this section MUST be filled out even if you do not currently possess any firearms.**☐

The *Firearms Act 1996* prescribes strict requirements for the safekeeping of firearms. (See Brochure "Safe Storage of Firearms"). Failure to comply attracts severe penalties. Police may inspect your security arrangements at any reasonable time.

**I will keep any firearms owned by me or in my possession at the following address (please provide additional details if your firearms are stored at more than one location):**

Unit No	<input type="text"/>	Property Name	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>		State	<input type="text"/>	Postcode <input type="text"/>

**G. PERSONAL HISTORY - You MUST complete this section - Mark an X in one box for each question**

Have you in NSW or elsewhere;

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Been refused or prohibited from holding a firearms licence or permit or had a firearms licence or permit suspended, cancelled or revoked?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b) Are you currently subject to a Good Behaviour Bond for an offence referred to in question e) or an Interim Apprehended Violence Order?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c) Been, or are presently, subject to a firearms/weapons prohibition order, other than an order that has been revoked?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d) Have you ever attempted suicide or self harm, or in the past 12 months been referred or treated for alcoholism, drug dependence, or a mental or nervous disorder or illness?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e) Within the last 10 years, been convicted of an offence involving firearms or weapons, prohibited drugs/plants, fraud/dishonesty/stealing, prescribed restricted substances, terrorism, violence, robbery, organised criminal groups and recruitment, or an offence of a sexual nature? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f) Within the last 10 years been the subject of a Apprehended Violence Order (other than an order which was revoked) or an injunction ordered by the Family Court?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS AS AN ATTACHMENT****H. DECLARATION**

- I fully understand and can comply with the firearms safekeeping requirements of the *Firearms Act 1996* and associated Regulation.
- I understand that it is a serious offence under the *Firearms Act 1996* to make a statement or provide information that I know is false or misleading.
- I certify that all the information contained in this application is true and correct in every detail & I authorise the release of my personal information to any third party the Commissioner deems appropriate.
- I agree to the NSW Police Force undertaking such enquiries as are necessary to establish that the information I have provided in relation to this application is true and correct.

Applicants Signature	<input type="text"/>	Date	<input type="text"/>
Witness Name	<input type="text"/>	Date	<input type="text"/>
Witness Signature	<input type="text"/>	I confirm that I am 18 years of age or over, and have witnessed the signing of this application	

**I. CREDIT CARD AUTHORITY**

Please debit my credit card for \$

MasterCard

☐

Visa

☐

CARD Number

Expiry Date

 / Cardholder Name  
(PLEASE PRINT)Cardholder  
Signature

Date

**OFFICE USE ONLY**

Receipt No.

Amount \$

Date

+

+

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