



OFFICE USE ONLY
Licence number

The information requested upon this application is required by virtue of Section 20 of the Firearms Act 1996.
Your licence is governed by the Firearms Act 1996 and any conditions that apply.

PLEASE USE BLOCK LETTERS AND BLACK PEN

APPLICANT DETAILS

Surname

First name Middle name

Date of birth Age

Place of birth Sex (M/F)

Occupation

Residential address

Suburb / Postcode

Postal address

Suburb / Postcode

Home Telephone Work Telephone

Mobile

Have you ever been known by another name? Yes No

(If YES, state the previous name in full)

DEALER, BODY CORPORATE / PARTNERSHIP or COMPOSITE ENTITY / GOVERNMENT AGENCY DETAILS

Registered Company Name

Surname

First name Middle name

Date of birth

Address

Suburb / Postcode

Postal address

Suburb / Postcode

Home Telephone Work Telephone

Mobile

OFFICE USE ONLY: Identification sighted YES No Details

RENEWAL DETAILS

What is your approved reason for applying for this licence

Firearms Licence Number (if applicable)

Class of Licence Applied for (Please tick appropriate box)

Firearms Licence Firearms Dealer Licence Collectors Licence Heirlooms Licence
Composite Entity Licence Business/Employment Minors Permit Club Armourer

Class of Licence Applied for (Please tick appropriate box)

A B C D H

OFFICE USE ONLY: Letter attached/ sighted YES No Details

GUIDELINES FOR THE SAFE KEEPING OF FIREARMS

I am / am not aware of the guidelines for the safekeeping of firearms

(Please tick appropriate box above)

How are/will your firearms be stored?

How is/will your ammunition be stored?

Are you a current financial member of an approved gun club or Association? Yes No

(if YES, give details)

Name of club Membership number Club stamp

(Or attach letter of confirmation)

Do you have any physical or mental disability which may render you unfit to use or be in possession of a firearm?

YES No If Yes, give details

Have you ever suffered from or received treatment for mental and/or emotional illness?

YES No If Yes, give details

Excessive drinking and/or drugs?

YES No If Yes, give details

Fits, dizziness and/or blackouts?

YES No If Yes, give details

Serious head injuries?

YES No If Yes, give details

Other?

YES No If Yes, give details

Are you currently the respondent or have you, within the last (10) years, been the respondent of an Interim Domestic Violence Order, Domestic Violence Order, an Interim Restraining Order, Restraining Order or any other corresponding order in any State or Territory?

YES No If Yes, give details

Have you within the last ten (10) years been refused a weapons/firearm licence?

YES No If Yes, give details

Have you within the last ten (10) years been the holder of a weapons/firearm licence that has been suspended or cancelled?

YES No If Yes, give details

Other than minor road traffic matters, have you in the previous ten (10) years been convicted of a criminal offence?

YES No If Yes, give details

Have you in the last ten (10) years entered into a recognisance to keep the peace or be of good behaviour?

YES No If Yes, give details

During the last ten (10) years, have you resided outside the Australian Capital Territory?

YES No If Yes, give details

SECURITY INDUSTRY PERSONNEL / BUSINESS PISTOL APPLICANTS

Have you passed the Security industry standard Qualifying Test?

YES No If Yes, give details

Date tested / passed Name of Instructor / Examiner

DECLARATION OF APPLICANT

I agree to Police making any enquires regarding this application.

I hereby apply for my licence and declare that all the information herein is true and correct.

Signature of Applicant Date

FIREARMS REGISTRY USE ONLY

Receipt No Amount \$ No. Date

Licence Condition Code Signature (approving officer) Date

PRIVACY STATEMENT: The information you supply on this form will be used only for the purpose for which you have provided it. It will not be disclosed without your consent unless statutory obligations require otherwise.