



COLLECTORS 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.

All firearms manufactured on or after 1 January 1900, or that are a prohibited pistol must be rendered incapable of firing.

Category A, B, H firearms must be rendered inoperable as per the Firearms Regulations 2008.

Category C & D firearms must be rendered permanently inoperable as per the Firearms Regulations 2008.

The applicant is not authorised to discharge a firearm that is part of a collection.

Any firearm that is registered on a Collectors Licence will not be transferred to another type of licence held by the applicant.

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?
A B C D H

What state was this licence issued in?

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? (All applicants that have not held a previous ACT Firearms Licence) Yes No

You must provide proof of the successful completion of an approved firearms safety training course

2.9 Detail the manufacturer and model of firearm(s) you intend to collect?

2.10 Has the firearm(s) been rendered inoperable? Yes No

You must provide evidence that the firearm has been rendered inoperable

2.11 Do you currently have firearms in your collection? Yes No

If yes, detail the manufacturer and model of firearm(s) currently in your collection?

3. CLUB ASSOCIATIONS

The applicant to complete.

Applicants that are not members of approved collectors clubs or who have not been members for 12 months are not eligible for a collectors licence.

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

If yes please provide the following details:

Membership number

Club Name

What date did you join the club?
dd mm yyyy

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3. CLUB ASSOCIATIONS

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.

3.2 Club Official Details

Surname

Given Name(s)

Position held with in the club

Signature of Club Official

Club Stamp

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 <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? If yes please provide details: Yes No

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.

Firearms and ammunition must be stored at an address with in the ACT.

5.1 How will your firearms be stored?

5.2 How will your ammunition be stored?

5.3 What address (in the ACT) do you wish to nominate as the registered address to store your firearm (s) and ammunition?

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

Printed Name and Badge Number

dd mm yyyy

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

dd mm yyyy

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