

# FIREARM DEALER LICENCE APPLICATION

ACT Firearms Act 1996 - Part 7 and 13

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	1.1 APPLICANT DETAILS		
complete.			
If there is insufficient	Given Name(s)		
space to complete a question, please provide additional details at the end of this application.	<b>1.2</b> Have you been known by any other names? If yes, please provide details:YesNo		
	Previous Surname		
	Previous Given Name(s)		
	1.3 RESIDENTIAL DETAILS		
	Street Number		
	Street Name		
	Suburb		
	State Post Code		
	1.4 POSTAL ADDRESS (if different from above)		
	Street Number		
	Street Name		
	Suburb		
	State Post Code		
	1.5 CONTACT DETAILS		
	Home Work		
	Mobile Fax		
	E-mail		
2. LICENCE DET	AILS		
The applicant to complete.	The Registrar will authorise the applicant, as deemed necessary by the Registrar, to deal in any of the following firearm categories:		
This information is required to support your genuine reason.	АВСН		
Genuine Reasons	2.1 What functions do you wish to be licenced to conduct as a Firearms Dealer?		
(See the Genuine Reason Guide for further details:	Acquire Dispose of Repair/Maintain		
• Business:	Store Test Manufacture		
	2.2 What is your Genuine Reason for having a firearm licence?		



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## 2. LICENCE DETAILS (continued)

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The applicant to complete.	<b>2.3</b> Have you ever held a firearms licence in the ACT or another state or territory in Australia? Yes No If no, move to 2.4.		
If there is insufficient space to complete a	If yes, what was your previous firearms licence Number?		
question, please provide additional details at the	What category of firearm(s) were you licenced for?		
end of this application.	What state was this licence issued in? A B C D H		
	ACT NSW VIC TAS QLD NT SA WA		
	2.4 Have you ever been refused a firearms licence? Yes No		
	2.5 Have you ever had a firearms licence cancelled or suspended? Yes No		
	<b>2.6</b> If you answered yes to either 2.4 or 2.5, please provide the reason(s) why.		
	2.7 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. ENTITY DETAIL	ILS		
The applicant to complete.	3.1 Entity Name		
	3.2 Business Registration Number		
	3.3 Has the entity been known by any other No No		
	Previous Name		
	What is the core business function of the entity?		
	3.4 BUSINESS ADDRESS		
	Street Number		
	Street Name		
	Suburb		
	State Post Code		
	3.5 POSTAL ADDRESS (if different from above)		
	Street Number		
	Suburb		
	State Post Code		
3.6 CONTACT DETAILS			
	Work Fax		

AF2009-9 Approved form under ACT Firearms Act 1996 s271



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## 4. CLOSE ASSOCIATES

## 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.

<b>4.1</b> Do you have any close associates in the club? Yes No If no, go to 5.1		
<b>4.2</b> Complete the following details for each close associate (including the nature of you're association):		
Surname		
Given Name(s)		
<b>4.3</b> Has the close associate been known by any other names? Yes No		
Previous Surname		
Previous Given Name(s)		
4.4 RESIDENTIAL DETAILS		
Street Number		
Street Name		
Suburb		
State Post Code		
Home Work		
Mobile Fax		
E-mail		
4.5 What is the close associates firearm licence Number?		
<b>4.6</b> What state is this licence issue in?       ACT       NSW       VIC       TAS       QLD       NT       SA       WA		
4.7 How is the close associate associated to you and or the business?		

## 5. PERSONAL HISTORY

# The applicant to complete 5.1 Do you have any physical and/or mental disability which may render you unfit Yes This information is used to assess your suitability for a firearms licence. 5.1 Do you have any physical and/or mental disability which may render you unfit Yes If yes, please provide details: If yes, please provide details:

No



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#### PERSONAL HISTORY (Continued) 5.

i ne applicant to	
complete	

The applicant to complete	5.2 Have you ever suffered or received treatment for any of the following:		
This information is used	Mental and or emotional illness?	Yes No	
to assess your suitability for a firearms licence.	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 5.2 please provide deta	ils:	
	<b>5.3</b> Have you in the last 10 years been found guilty of	f an offence? If yes please provide Yes No	
	details:		
	<b>5.4</b> Have you in the last 10 years entered into a recogor to be of good behaviour?	gnisance to keep the peace Yes No	
	If yes please provide details:		
	<b>5.5</b> Are you an Australian citizen? Ye	es No If yes, go to 6.1	
	<b>5.6</b> If no, when did you arrive in Australia?		
	dd	mm yyyy	
	5.7 What is your country of birth?		
	<b>5.8</b> Are you a permanent resident of Australia? Y	res No	
	<b>5.9</b> Are you in Australia on a Visa?	es No If no, go to 5.13	
	5.10 What type of Visa do you hold?		
	5.11 What is the expiry date of your Visa?	d mm yyyy	
	5.12 Have you ever been refused a Visa? Y	res No	
	If yes please provide details:		



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## 5. PERSONAL HISTORY (Continued)

## The applicant to complete

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

5.13 Have you ever been refused entry into or deported from Australia? Yes No
If yes please provide details:
5.14 Do you have a passport? Yes No If no, go to 5.15
If yes, what is the passport number?
What is the country of issue?
5.15 Do you have a firearms licence issued by another country? Yes No If no, go to 6.1
If yes, what is the firearms licence number?
What is the country of issue?

## 6. STORAGE

The applicant to complete.	6.1 How will your firearms be stored?		
Firearms and ammunition must be			
stored at an address with in the ACT.	6.2 How will your ammunition be stored?		
	<b>6.3</b> What address (in the ACT) do you wish to nominate as the registered address to store your firearm(s) and ammunition?		
	6.4 Are you aware of the legislated storage requirements? Yes No		

## 7. APPLICANT DECLARATION

7. AFFLICANI D			
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 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		



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## **ADDITIONAL INFORMATION**

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# Upon completion of this form please submit it in person at the ACT Firearms Registry.

ACT Firearms Registry Use Only.			
Receipt Number Date of Application		Amount \$	Receipt Date dd mm yyyy
	dd mm yyyy		
ID Verification		_	
ID Type ACT Firearms	Licence Drivers Licence Pa	issport	Licence Conditions
Primary ID Number			
Secondary ID			
following functions	thorised to possess firearms to perf ::	orm the	
Acquire Yes	No Store Yes	No	
Dispose of Yes	No Repair/Maintain Yes	No	
Test Yes	No Manufacture Yes	No	
	horised to conduct the functions ne following categories:		
	APPROVED	NOT APPROVED	Licence Issue Date — No earlier than 28 days from the
Signature of Appro	ving Officer Appro	oval Date	day after the application date.
Printed Name and I	Badge Number dd r	mm yyyy	dd mm yyyy
Licence Issuer		Licence Receiver	
			Applicant
Signature of 1	Issuing Officer	Signature of R	
Printed Name	and Badge Number	Printed Name	Agent
dd	mm yyyy		mm yyyy