



# HEIRLOOM 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.

**Only complete 2.9 details if the heirloom is a matched pair of firearms.**

**If the firearm is a replica, please detail the colour instead of the calibre in the calibre field.**

**2.11 For applicants that have not held a previous ACT Firearms Licence.**

**2.4** Have you ever held a firearms licence in the ACT or another state in Australia? (If no, move to 2.5) Yes  No

If yes, what was your previous firearms licence Number?

What category of firearm(s) were you licenced for?

What state was this licence issue 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

If you answered yes to either 2.5 or 2.6, please provide the reason(s) why.

**2.7** What group best describes the firearm(s) related to this licence? Single Firearm  Matched Pair of Firearms

### 2.8 Firearm 1

What is the Type/Action of the firearm?

What is the Make of the firearm?

What is the Model of the firearm?

What is the Calibre of the firearm?

Barrel Length

What is the Serial Number of the firearm?

### 2.9 Firearm 2

What is the Type/Action of the firearm?

What is the Make of the firearm?

What is the Model of the firearm?

What is the Calibre of the firearm?

Barrel Length

What is the Serial Number of the firearm?

**2.10** Have the firearm(s) been rendered permanently inoperable? Yes  No

**2.11** Have you completed the relevant firearms safety training? Yes  No

**2.12** What is the Age of the firearm(s)?

**2.13** How long has the firearm(s) been in your family?

**2.14** How did the firearm come into your families possession?

**You must provide proof of the successful completion of an approved firearms safety training course and that each firearm has been rendered permanently inoperable in accordance with the ACT Firearms Act 1996.**

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## 3. 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.

**3.1** 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:

**3.2** 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 the above questions please provide details:

**3.3** Have you in the last 10 years been found guilty of an offence? If yes please provide details:

Yes  No

**3.4** 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:

**3.5** Are you an Australian citizen?

Yes  No  If yes, go to 4.1

**3.6** If no, when did you arrive in Australia?

dd mm yyyy

**3.7** What is your country of birth?

**3.8** Are you a permanent resident of Australia?

Yes  No

**3.9** Are you in Australia on a Visa?

Yes  No  If no, go to 3.13

**3.10** What type of Visa do you hold?

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## 3. 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.

**3.11** What is the expiry date of your Visa?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		mm		yyyy			

**3.12** Have you ever been refused a Visa?

Yes  No

If yes please provide details:

**3.13** Have you ever been refused entry into or deported from Australia?

Yes  No

If yes please provide details:

**3.14** Do you have a passport?

Yes  No  If no, go to 3.15

If yes, what is the passport number?

What is the country of issue?

**3.15** Do you have a firearms licence issued by another country?

Yes  No  If no, go to 4.1

If yes, what is the firearms licence number?

What is the country of issue?

## 4. STORAGE

### The applicant to complete.

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

**4.1** How will your firearm(s) be stored?

**4.2** What address (in the ACT) do you wish to nominate as the registered address to store your firearm(s)?

## 5. APPLICANT DECLARATION

### The applicant to complete.

### 5.1 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		mm		yyyy			



