

REGISTERED USER OF A FIREARM

ACT Firearms Act 1996 - Part 11

ACT Firearms Registry Use Only Licence Number:

APPLICANT DETAILS	
Firearms licence number	Date of Birth
Surname	
Given Name(s)	dd mm yyyy
RESIDENTIAL DETAILS	
Street Number	
Street Name	
Suburb	
State Post	Code
What address (in the ACT) do you wish to nominate as the register	ed address to store firearm(s) and ammunition?
OWNER DETAILS. NOTE: a certified copy of the	owners firearms licence must be attached to this application.
Firearms licence number	Date of Birth
Surname	
Given Name(s)	dd mm yyyy
FIREARM DETAILS	
Type Action	
Make	Calibre/Common Name
Barrel Length (mm)	Serial Number
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 Applicant	DECLARATION I hereby authorise the applicant to apply to the Registrar to be a registered user of my firearm detailed in this application.
dd mm yyyy	dd mm yyyy
	nder ACT Firearms Act 1996 s271 Pg 1 of 2



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FIREARM

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Receipt Number		Amount \$	Receipt Date	dd mm yyyy
Date of Application	dd mm yyyy			
ID Verification			Registered L	Jser Conditions
ID Type ACT Firearm Primary ID Number Secondary ID	ns Licence Drivers Licence	Passport		
Has a registration c	ertificate been requested? Yes	No		
Signature of Approving Officer Approval Date				
Printed Name and E	APPRo Badge Number	OVED NOT A	PPROVED	dd mm yyyy
Registration Certificate Issuer Registration Certificate Receiver				/er
Signature o	of Issuing Officer		Signature of Receiver	
Printed Nar	ne and Badge Number		Printed Name	
d	d mm yyyy		dd mm	уууу

ACT Firearms Registry

GPO Box 401, Canberra ACT 2601 Phone: 02 61332122 Fax: 02 61332188 Email: actfirearmsregistry@afp.gov.au