

FPRU USE ONLY

File Date: / /

POLICE USE ONLY

Firearm Licence No:

Receipt No:

Fee Charged: \$.....

Firearm Sighted: Yes No

Purchase Permit No:

NORTHERN TERRITORY POLICE
Firearms Act

APPLICATION FOR A – PURCHASE / TRANSFER* - PERMIT

TO OBTAIN THIS PERMIT, YOUR CURRENT FIREARM LICENCE MUST BE PRODUCED WITH THIS APPLICATION

A SEPARATE APPLICATION IS REQUIRED FOR EACH FIREARM TO BE ACQUIRED

Surname:		Given Name:		Middle Name(s):	
Date of Birth: / /	Place of Birth:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Phone Number:	
Business Name (for Corporate / Museum / Club / Paintball applications only):				Business Phone Number:	
Residential Address (Number, Street, Suburb):					Post Code:
Postal Address (PO Box Number, Town/City):					Post Code:

Please tick appropriate box

Do you have, or have you ever had, a Domestic Violence Order or Restraining Order issued against you? (including Interstate and Overseas)	<input type="checkbox"/> No	<input type="checkbox"/> Yes Details,
Have you ever been convicted or charged with any kind of offence, not involving minor traffic offences? (including Interstate and Overseas)	<input type="checkbox"/> No	<input type="checkbox"/> Yes Details,
Have you ever suffered, been treated for or diagnosed of any psychological or mental disorder?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Details,

Firearms Licence No: Category: Licence Type:

Particulars of firearm intending to be acquired or purchased:

SERIAL NUMBER	* ACTION TYPE	MODEL	* CATEGORY	* CALIBRE & CALIBRE TYPE (i.e. 300 Win Mag)	CAPACITY	MAKE / BRAND

* Action Type, Category, Calibre and Calibre Type must be supplied to complete application.

Private Purchase Who from: Licence Number: State / Territory:

NOTE: A PF451-Notice of Change of Personal Particulars or Particulars for Firearms OR a Registration Certificate OR a Statutory Declaration OR a Letter from the current owner of the firearm must be attached to complete application.

Dealer Purchase Name: Licence Number: State / Territory:

Deceased Estate Who from: Licence Number: State / Territory:

NOTE: A Statutory Declaration OR a Letter from the Executor of the Estate must be attached to complete application.

Interstate Transfer Interstate Licence Number: State / Territory:

NOTE: A copy of the Interstate Registration Certificate must be attached to complete application.

Other Details:

NOTE: For an Overseas Purchase an Application for Police Authorisation - B709 must be attached to complete application

Please see overleaf to complete application.

My reason for acquiring this firearm is:

If required for sport shooting (i.e. Pistol Club use) please state discipline required for:

If firearm is required for Pistol Club use, a **certificate** from the club must be attached to this application.

My storage/security facilities for this firearm are:

I certify that the above particulars contained in this application are true and correct.	Declared at (Police Station):
Signature of applicant:..... Date: / /	

PENALTY: \$5,000 OR 12 MONTHS IMPRISONMENT FOR FALSE STATEMENT

RECEIVING MEMBER TO COMPLETE

Signature of member receiving application:	Member (printed):	Position / Rank:	Reg. No.:
.....

** Cross out which is not applicable*

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CHARACTER / CONVICTION CHECKS

<input type="checkbox"/> PROMIS check completed (by member receiving application)	<input type="checkbox"/> Unknown – New PROMIS ID:
	<input type="checkbox"/> Known – PROMIS ID:
	Criminal / Traffic History: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

	Involvements: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

	Alerts / Warrants: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

<input type="checkbox"/> IJIS check completed (by member receiving application)	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Known – IJIS ID:
	Criminal / Traffic History: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

	Domestic Violence / Restraining Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

	Other Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

THIS PERMIT WILL ONLY BY APPROVED UPON RECEIPT OF THE ORIGINAL APPLICATION AT THE FIREARMS POLICY AND RECORDS UNIT (FPRU), PETER MCAULAY CENTRE, DARWIN

FPRU USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Signature: Position/Rank: Date: / /	