

FPRU USE ONLY
File Date: / /
POLICE USE ONLY
Firearm Licence No:
Receipt No:
Fee Charged: \$.....

NORTHERN TERRITORY POLICE
Section 27 / 16A – *Firearms Act*
APPLICATION FOR – EMPLOYEES LICENCE /
DEALER NOMINEES/EMPLOYEES LICENCE
SECTION 4 EXEMPTION*

Surname:		Given Name:		Middle Name(s):	
Date of Birth: / /	Place of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Home Phone Number:	
Residential Address (Number, Street, Suburb):					Post Code:
Postal Address (PO Box Number, Town/City):					Post Code:
Occupation:	Name of Employer:				
Business Phone Number:	Address of Employer:				
Mobile Number:					

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,

I require this licence for the following reason(s) (detail):

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

TO BE COMPLETED BY EMPLOYER

I, of, require, to have in his/her possession whilst employed by my company as a, for the following categories of firearms: A B C D H

He/She has undergone a Firearm Training and Safety Course within the last 12 months for the security industry / within the last 2 years for Government Employees / within the last 5 years for other types of Employees: Yes No N/A Certificate attached: Yes No

If the applicant is applying for a first issue of a licence for the security industry, has he/she undergone counselling by a solicitor in relation to the legal use of firearms: Yes No N/A Letter from legal practitioner proving that they have been briefed attached: Yes No

All firearms use by this person will be registered to the Company and will only be used in conjunction with his/her employment: Yes No

I certify that the above particulars are true and correct.	
Signature of employer.....	Date: / /
Printed name of employer:.....	Title (Manager or Director only):

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,

<input type="checkbox"/> NEPI check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Known, details,

<input type="checkbox"/> NPRS check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Known, details,

**FORWARD TO THE FIREARMS POLICY AND RECORDS UNIT (FPRU),
PETER MCAULAY CENTRE, DARWIN**

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<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Reason Category:	
Reason Code:	
Condition Codes:	
Signature:	
Position/Rank:	
Date: / /	