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ABN 43 408 613 180

NSW POLICE FORCE - FIREARMS REGISTRY

P634

Application for a Firearms Permit

This is an interactive form. Please complete all sections, print & sign the form and submit with the appropriate Legitimate Reason form and any supporting documentation to the **Firearms Registry, Locked Bag 1, Murwillumbah NSW 2484**.

Failure to complete all sections of these forms and provide all the required supporting documentation may result in delay or refusal of your application.

THIS APPLICATION IS FOR A - Please select appropriate box

☐ New Application ☐ Reapplication Previous or current NSW licence or permit number

A. PERMIT TYPE

Please choose the permit you wish to apply for below. Should you wish to apply for more than one permit, you must complete a separate 'Application for a Firearms Permit' P634 form for each permit application.

This application is for a (please select)

If you selected 'General Permit' or if the permit is not in the drop down list above, please specify the type of permit you wish to apply for:

B. NOMINATED PERSON - BUSINESS OR NOMINATED PERMIT HOLDER - INDIVIDUAL

Last Name Given Names

Date of Birth Day Month Year Gender **NSW** Drivers Licence No.

Mobile Phone No Day Time Phone No Email Address

If you have been known by another name, please provide details below (Last Name, Given Names)

C. RESIDENTIAL ADDRESS

D. POSTAL ADDRESS - If the same as your residential address please mark this box ☐

E. BUSINESS, ORGANISATION, CLUB OR GOVERNMENT AGENCY APPLICANTS ONLY

Complete the sections below **and attach evidence** to prove status as a business, club, agency or organisation.

Business/ Club Name Trading Name

Business/ Club Address

ABN Number **OR** ACN Number: **OR** Approval No. of Club/Range

F. SAFEKEEPING ADDRESS OF FIREARMS

This section **MUST** be completed by all applicants even if you do not currently possess any firearms.

If the safe storage address is the same as the residential address mark this box ☐ If 'NO', complete details below.

Overseas competitors please insert the details of the storage address for the firearms while in NSW.

Storage Address

Name of NSW Club or Person Storing firearms (*if applicable*).

Provide additional details, as an attachment, if your firearms are stored at more than one location.

The *Firearms Act 1996* prescribes strict requirements for the safekeeping of firearms. Failure to comply attracts severe penalties. See Safe Storage FACT Sheets available on the 'Safe Storage' page on the Firearms Registry internet site.

G. PERSONAL HISTORY - You MUST complete this section - select one box for each question

Have you in NSW or elsewhere;	YES/NO
a) Been refused or prohibited from holding a firearms licence or permit or had a firearms licence or permit suspended, cancelled or revoked?	
b) Been recorded as a registrable person or corresponding registrable person under the *Child Protection (Offenders Registration) Act 2000*?	
c) Been subject to a firearms/weapons prohibition order?	
d) Ever attempted suicide or self harm, or in the past 12 months been referred or treated for alcoholism, drug dependence, or a mental or nervous disorder or illness?	
e) Within the last 10 years, been convicted of an offence involving firearms or weapons, prohibited drugs/ plants/ prescribed restricted substances, fraud/dishonesty/stealing, terrorism, violence, assaults against law enforcement officers, robbery, organised criminal groups and recruitment, riot, affray or an offence of a sexual nature or are you presently subject to a good behaviour bond in relation to one of those offences?	
f) Within the last 10 years, been the subject of a Apprehended Violence Order (other than an order which was revoked) or an injunction ordered by the Family Court, or presently subject to an interim Apprehended Violence Order?	

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS AS AN ATTACHMENT

H. DECLARATION

- *I fully understand and can comply with the firearms safekeeping requirements of the Firearms Act 1996 and associated Regulation.*
- *I understand that it is a serious offence under the Firearms Act 1996 to make a statement or provide information that I know is false or misleading & I certify that all the information contained in this application is true and correct in every detail.*
- *I authorise the release of my personal information to any third party the Commissioner deems appropriate and for the purposes of any relevant Authority verifying the details of this application.*
- *I agree to the NSW Police Force undertaking such enquiries as are necessary to establish that the information I have provided in relation to this application is true and correct.*

Applicants Signature Date

I. FEE

- Please attach a cheque or money order made payable to NSW Police Force or complete the credit card authority below for the amount as specified in the applicable legitimate reason form.

Mastercard / Visa

Please debit my for $ Card Number

Expiry Date Month Year Cardholder Name

Cardholder Signature

OFFICE USE ONLY

Receipt No. Amount $ Date

Print Form