P634

NSW POLICE FORCE - FIREARMS REGISTRY

Application for a Firearms Permit

ABN 43 408 613 180

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 APPLIC	ATION	IS FOR A -	Please :	select a	ppropi	riate box					
New Application	on	Reapplio	cation	Previo	us or cu	ırrent NSV	/ licence	or permi	it number		
A. PERMIT	TYPE										
Please choose a separate 'Ap	-	•				•		•	ore than or	ne perm	it, you must complete
This application	on is for	a (please sel	ect)								
If you selected list above, plea						•	n				
B. NOMINA	ATED P	ERSON - E	BUSINE	SS <u>OR</u> I	NOMIN	NATED F	ERMIT	HOLD	ER - IND	IVIDU <i>i</i>	AL .
Last Name						Given N	ames				
Date of Birth	Day	Мо	nth	Yea	r	G	ender			Drivers nce No.	
Mobile Phone No			Day Ti Phone				Ema Add				
If you have be	en know	n by anothe	er name,	please pr	ovide d	etails belo	w (Last N	Name, Gi	ven Name	s)	
C. RESIDEN	ITIAL A	ADDRESS									
D. POSTAL	ADDR	ESS - If the	e same a	as your	reside	ntial add	ress ple	ease ma	rk this b	ох [
E. BUSINES	SS, ORG	GANISATI	ON, CL	UB OR (GOVE	RNMEN	AGEN	CY API	PLICANT	S ONL	<u>Y</u>
Complete the	sections	below and	attach e	vidence	to prov	e status as	a busine	ess, club,	agency or	organis	ation.
Business/ Club Name						Trac Nan					
Business/ Club Address											
ABN Number			()K	CN umber:			OF		oval No. b/Range		

<u></u>										T	
F. SAFEKEEPING currently possess any)F FIRE	ARMS This	section <u>MUST</u> be	com	pleted by all	applicant	s even	if you d	o not	
If the safe storage address is the same as the residential address mark this box If 'NO', complete details be											
Overseas competito	rs please inser	t the det	tails of the sto	orage address for t	the fi	rearms while	in NSW.				
Storage Address											
Name of NSW Club or Storing firearms (if ap											
Provide additional of	letails, as an a	ttachm	ent, if your f	irearms are store	d at	more than o	ne locatio	on.			
The <i>Firearms Act 1996</i> See Safe Storage FAC									s severe	penalties.	
G. PERSONAL HI		MUST	complete t	this section - se	ect o	one box fo	r each qu	estio	n	YES/NO	
Have you in NSW or elsewhere; 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 <i>Child Protection</i> (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 y									ants/		
enforcement office sexual nature or are	rs, robbery, org	janised (criminal grou	ıps and recruitmer	nt, rio	t, affray or a	n offence	of a			
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 O	F THE A	BOVE QUEST	TIONS, PLEASE PI	ROVI	DE DETAILS	AS AN AT	ГТАСН	MENT		
H. DECLARATION				,							
 I fully understand an I understand that it it misleading & I certify I authorise the releasing relevant Author I agree to the NSW Frelation to this applies 	is a serious offer y that all the info se of my person ity verifying the Police Force und	oce unde ormatior al inform details d ertaking	r the Firearms n contained in nation to any of this applica n such enquirie	Act 1996 to make a this application is a third party the Cor tion.	state true a mmiss	ement or prov Ind correct in Sioner deems	vide inform every detai appropria	ation tl il. te and	hat I kno for the p	ow is false or ourposes of	
Applicants Signature Date											
I. FEE - Please attac below for the amoun	•	-	•	•		orce or comp	olete the c	redit ca	ard auth	ority	
Mas	stercard / Visa	_ [٦							
Please debit my		for \$		Card Number							
Expiry Month Date		Year		Cardholder Name							
Cardholder Signature											
OFFICE USE ONLY											
Receipt No.				Amo	unt	\$	Da	ate			

Vers 2.9 July 2019