



# Application for Firearms Instructor Licence

Northern Territory Firearms Act 1997

You must provide 100 points of identification along with this application. Refer to 'Proof of Identity' - PF490 form to select the appropriate documents accepted for 100 points.

If you have ever legally changed your name, you must provide a certified copy of your marriage certificate, change of name certificate or birth certificate that includes the schedule of any name changes. A firearms licence will only be issued in your full legal name.

## POLICE USE ONLY

NT Firearms Licence/Permit No:

Fee:

Receipt No:

Date:

## Section 1: Personal details

Current name					
Surname		Given name		Middle name	
Date of birth		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other (Indeterminate/Intersex)
Place of birth	Town	State		Country	
Have you ever legally changed your name?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide details below	

Previous/Other name (if applicable)		
Surname	Given name	Type of change (Deed poll, marriage, alias, etc.)

Licence details			
Drivers Licence Number:		Interstate/NT Firearms Licence Number:	
State:	Expiry date:	State:	Expiry date:

Applicants contact details		
Home phone number	Work phone number	Mobile phone number
Email		

Applicants current residential address details	
Current residential address	Post Code
Current postal address	Post Code

## Section 2: Business/Employment details

Business/Employment contact details	
Business Name:	Applicants occupation:
Business phone number:	Mobile number:
Business email:	
Physical address: (of business)	Post Code
Postal address: (of business)	Post Code

## Application for Firearms Instructor Licence

### Section 2A: Self-employed

As a firearm instructor, will you be self-employed?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If you answered Yes to the above question, you must complete the remainder of this Part, otherwise proceed to Part 2B.							
Name of your business:							
Business address:							
Contact No's.:		Home		Mobile		Work	
ABN No.:				Email:			
Are you a Registered Training Provider?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If Yes, please provide your Provider Number:							

### Section 2B: Employed Instructor

Are you intending to work as a firearm instructor on behalf of your employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the above question, your employer or employers representative must complete the remainder of this Part.			
I,			
(Full name)			
Trading as,			
(Business name)			
Being the holder of a Corporate Licence Number		issued under the Firearms Act, for firearm	
Categories <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H			
Firearms Training and Safety Course hereby declare that I will be employing the applicant			
_____ as a Firearm Instructor.			
(Full name of applicant)			
Declared at,			
(Location where form signed by licensee)			
Signature of Employer:		Date:	

### Section 2C: Firearms Training and Safety Course

Has the Commissioner of Police (NT) approved the course that you intend to instruct as a Firearms Training and Safety Course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the above question, you must attach a copy of the Commissioners approval to this application. A complete copy of any approved course is to be lodged with the Firearms Policy and Records Unit.		
If No, a complete copy of your course is to be lodged with the Firearms Policy and Recording Unit for consideration by the Commissioner.		

#### Section 4: Particulars of firearms intended to be used for training purposes (\*see note)

*\*Note: Attach additional list of firearms on a separate page (if required). Request and complete a "Firearms Audit" list from FPRU.*

Section 5: Storage and safekeeping of firearms *\*see note (Please tick ☒ appropriate box or boxes)*

Storage details	
<input type="checkbox"/>	<b>Self-storage (Category A and B (C, D and H if previously inspected))</b> (Attach PF491 – Self Declaration for Storage / Safekeeping of Firearms, along with photos of your gun safe)
<input type="checkbox"/>	<b>Self-storage (Category C, D and H)</b> (Attach PF482 - Permission to Inspect Premises (Firsttime applicants / New Safe / New location))
<input type="checkbox"/>	<b>Storage with a dealer or another licence holder</b> (Attach PF492 – Permission to store firearms notice)

*\*Note – Applicants must have their own storage facility or have access to an approved storage facility and provide supporting evidence. If you have your own storage facility, you MUST attach photos of the gun safe along with 'Self-Declaration' form.*

Section 6: Information disclosure *\*see note (Please tick ☒ appropriate box or boxes)*

Failure to disclose information may result in refusal of this application		
Do you have, or have you ever had, a Domestic Violence Order or other similar Restraining Order issued against you? (including interstate and overseas)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been refused a Firearms Licence or Permit or had a Firearms Licence or permit suspended, revoked or cancelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever appeared before a Court of Law, panel or judicial body of any kind charged with any offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Do you have any charges presently before a Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever suffered from a diagnosed mental health disorder e.g. chronic depression, PTSD? (If Yes please provide a report from your treating General Practitioner in support of your application.)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever threatened or attempted self-harm? (If Yes, please provide a report from your treating psychiatrist in support of your application.)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Do you have any physical or mental illness, condition or disorder which may render you unfit to possess a firearm? (If Yes, please provide a report from your treating General Practitioner in support of your application.)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for alcohol or drug related problems? (If Yes, please provide a report from your treating General Practitioner in support of your application.)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been treated for serious impairment of eyesight? (If Yes, please provide a report from your treating General Practitioner in support of your application.)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		
Have you ever been known by any other name(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details:		

*\*Note – The medical reports MUST state that the treating doctor or psychiatrist "does not consider the applicant a risk to themselves or others if granted a Firearms Licence".*

Section 7: Privacy disclaimer and declaration

Privacy Disclaimer	
<p><b>Privacy Disclaimer:</b> Northern Territory Police Force (NTPF) is collecting information from your application to ensure compliance with legislation and to support related processes. This collection is authorised and required by the <i>NT Firearms Act and Firearms Regulations 1997</i>. Through national agreements the NTPF will provide some or all of this information to other agencies with an interest in firearm permits, licensing, and registrations. Failure to provide this information in full or in part may result in your application not being processed or being refused.</p> <p>You can access your personal information provided on this form. If you have any queries or wish to access this information please contact NTPFES by phoning 08 8999 5511 (NT Government Switch).</p>	
Declaration	
<p>I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the <i>NT Firearms Act 1997</i> and acknowledge that a false statement in an application is an offence under Section 89 of that Act.</p> <p>Applicant signature: _____ Date: _____</p> <p>Applicant full name: _____</p>	<p>Declared at (Place):</p>

**PENALTY: 100 PENALTY UNITS OR IMPRISONMENT FOR 2 YEARS FOR FALSE OR MISLEADING STATEMENTS**

– Firearms ownership is not a right, it’s a responsibility –

Receiving Member to Complete Next Page

POLICE USE ONLY									
Receiving member to complete									
Member name (Print):				Signature of member receiving application:				Date received:	
Position/Rank:				Police station received at:					
Reg. No.:									
Application checklist									
<input type="checkbox"/> Completed Instructional Techniques course				<input type="checkbox"/> Not completed					
<input type="checkbox"/> Firearms Instructor Course completed				<input type="checkbox"/> Not completed or					
<input type="checkbox"/> Provided evidence of relevant skills, experience or other qualifications to make the applicant suitable to deliver firearms training.									
<input type="checkbox"/> Proof of identify – 100 point check									
<input type="checkbox"/> New photograph taken		<input type="checkbox"/>		email to: <a href="mailto:firearmsregistry@pfes.nt.gov.au">firearmsregistry@pfes.nt.gov.au</a> NOTE: Supporting documentation must be attached					
<input type="checkbox"/> Application updated on SaFER		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
If No, reason:									
<input type="checkbox"/> SerPro ID check completed (by member receiving application)				<input type="checkbox"/> Unknown – new SerPro ID:					
				<input type="checkbox"/> Known – SerPro ID's list all:					
Criminal/Traffic history:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal)				
					<input type="checkbox"/> Relevant, attach printout of details				
Involvements:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal)				
					<input type="checkbox"/> Relevant, attach printout of details				
Alerts/Warrants/DVO'S:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal)				
					<input type="checkbox"/> Relevant, attach printout of 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:	<input type="checkbox"/> Not relevant (old/minor/not criminal)				
					<input type="checkbox"/> Relevant, attach printout of details				
Domestic Violence Orders Personal Violence Orders Restraining Orders		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (more than 6 years old)				
					<input type="checkbox"/> Relevant (less than 6 years old). Attach printout of details				
Other history/Orders		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> Not relevant (old/minor/not criminal)				
					<input type="checkbox"/> Relevant, attach printout of details				
<input type="checkbox"/> AFIN/NFLRS check completed (if required) (Interstate Licence Transfer)				<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Not relevant					
				<input type="checkbox"/> Relevant, attach printout of details					
Interstate firearms registered		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes:	<input type="checkbox"/> No outstanding firearm(s) Supplied Transfer Permits for all				
					<input type="checkbox"/> Yes outstanding firearm(s), attach printout of details/declarations				
<input type="checkbox"/> MDEA / NPRS check completed				<input type="checkbox"/> Known <input type="checkbox"/> Unknown <input type="checkbox"/> Not relevant					
				<input type="checkbox"/> Relevant, attach printout of details					

COMPLETED APPLICATION MUST BE ADDED TO SaFER AND APPLICATION UPLOADED TO SaFER DOCUMENTS.

[firearmsregistry@pfes.nt.gov.au](mailto:firearmsregistry@pfes.nt.gov.au) - RETAIN THE ORIGINAL FORM AT RECEIVING STATIONFor more information visit: <https://pfes.nt.gov.au/police/firearmsweapons>