PF443 Ver2.0 Revised 12/20	NORTH	IERN TERRITORY POLICE		POLICE USE ONLY
	North	nern Territory Firearms Act 1997		NT Firearms Licence No:
	APPLIC	ATION FOR FIREARMS		
POLICE		PEALER LICENCE ction 16, Firearms Act 1997)		Fee:
inspected	Note: A Dealer L	icence will not be issued until premises is on each new or reissue of licence applica		Receipt No:
TO BE LODGED		ORTHERN TERRITORY (NT) POLICE STATI ctions before completing the form.	ON.	Date: / / /
	New	□ Re-issue Please tick <i>⊠</i> appropriate box		
Section 1: Firearr	ns Categories (Pl	ease tick 🗹 appropriate boxes)		

I hereby apply f	for a licence to deal	in / store firearms categ	gories as selected bel	ow: Business or Empl	oyment
A	В	□ C	D	ПН	

Section 2: Dealership / Business Details

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Dealership / Bus	iness Contact Details			
Name:				
Phone Number:		Mobile Number:		
Email:				
Physical Address (Not PO Box): Post Code:				
Postal Address:			Post Code:	
Business Hours:	Mon – Fri to Sat	to Sun	to	

Section 3: Employee Representative Details Please tick 🗹 appropriate box

Employee Representative / Principal Nominee Details											
Surname:			Given Name:			Middle Name:					
Date of Birth	DD / MM / YYYY	Sex	Male [Female Other		Other 🗌 (Indete	ner 🗌 (Indeterminate/Intersex)				
Place of Birth	Town		State		Country						
Home Phone Numb	ber	Work Ph	ione Nu	umber			Mobil	e Phone Number			
Email:											
Current Residential Address									Post	Code	
Current Postal Address									Post	Code	
									-		
State Expiry Date State: Expiry Date											
Have you ever been refused, or had, a licence, permit or registration revoked here or elsewhere in relation											
to firearms: If yes, provide details:											
					Yes	No					



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Section 4: Particulars of Employees under the Licence (*see note)

ticulars of Employees / Nominees employed under the Licence							
Full Name (First Name, Surname)	Date of Birth (DD-MM-YYYY)	Employee / Dealer Nominee Licence Number	Occupation / Role (Employee / Nominee				

*Note: Attach additional list of Employees / Nominees on a separate page (if required). All persons employed under the Dealer licence **must** have a current NT Firearms Employee Licence or have submitted an Employee Licence Application (PF463) along with tis application.

Section 5: Particulars of Close Associates involved with the Dealership (*see note)

Are there any silent partners or close associates involved in the Dealership not listed as a nominee? If Yes, list their names and association details, Yes				
Full Name (First Name, Surname)	Association Details and Associate Residential Address			

*Note: Attach additional list if required.

Section 6: Details of the premises to be used (*see note)

Details of the Dealership premises to deal in / store firearms						
1. Ownership						
☐ My own property	Rented	Leased	Other (describe)			
If not your own property,	who owns the pre	mises? Full Name	:	(First Name)		
Address:			(Sumanie)			
Phone Number: Mobile Number:						
2. In-charge						
I am / will be in charge of the premises to deal in / store firearms upon the grant of the licence: Yes No						
If No, state who will be in charge?:						



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De	Details of the Dealership premises to deal in / store firearms: Continued							
3.	Building							
	The premises that is proposed to deal in / store firearms is a permanent building:	🗌 Yes	🗌 No					
	If No, describe the building:							
	Are all firearms and ammunition stored at this location?:	🗌 Yes	No					
	If No, provide details of the location:							
	For the safe keeping of firearms, the premises have the following security arrange	ments (describe	e type and location);					
	(Attach	detailed descrip	tion and supporting evidence)					

Section 7: Privacy Disclaimer and Declaration

Privacy Disclaimer

Privacy Disclaimer: Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information from your application to ensure compliance with legislation and to support related processes. This collection is authorised and required by the NT *Firearms Act and Regulations*. Through national agreements the NTPFES 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.

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).

Declaration	
I solemnly and sincerely declare that the above particulars contained in this application are true and correct. I make this application under the <i>Firearms Act</i> and acknowledge to make a false statement in an application is an offence under Section 89 of that Act.	Declared at (Place):
Applicant's Signature: / Date: /	
Applicant's Name:	

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 –

POLICE USE ONLY						
RECEIVING MEMBER TO COMPLETE						
Signature of member receiving application:	Date received:					
	Police Station received at:					
	BER TO COMPLETE Signature of member receiving application:					

RETAIN THE ORIGINAL FORM AT RECEIVING STATION

For more information visit: https://pfes.nt.gov.au/police/firearmsweapons

Tel: 131 444 Fax: 08 89223540 Email: firearmsregistry@pfes.nt.gov.au