



Northern Territory
Police Force

PF403 Ver 2 / Revised 12/23

Application for Weapons Control Act Approval - Body Corporate

Northern Territory Weapons Control Act 2001

**TO BE LODGED IN PERSON AT A
NORTHERN TERRITORY (NT) POLICE STATION.**

POLICE USE ONLY

Weapons Act Approval no:

Fee:

Receipt no:

Date:

SerPro ID:

Section 1: Articles sought on approval (*see note) Please tick ☒ appropriate boxes

Article types

☐ Prohibited Weapons ☐ Body Armour ☐ Oleoresin Capsicum Spray or similar*

*Note: An application for Oleoresin Capsicum Spray or similar weapon requires additional supporting documentation.

Section 2: Personal details

Applicant details

Job Title*:					
Family name	First given name/s		Middle name/s		
Date of birth:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
Place of birth:	Town	State	Country		
Home phone number	Work phone number		Mobile phone number		
Email					
Current residential address:					Post Code
Current postal address:					Post Code
Drivers Licence no.:			Weapons Act approval no.:		
State:		Expiry date:		Expiry date:	

Section 3: Business/corporate details (*for employment application)

Business/corporate details

Business name:	Weapons Act approval no.: (if applicable)				
Function of business:					
Applicants role:					
Business phone no.:	Business mobile no.:				
Business email:	ABN/ACN no.:				
Business physical address (Not PO Box):					Post Code
Business postal address:					Post Code

Section 4: Reason for application

Reason approval is sought (select all that apply):			
<input type="checkbox"/>	Advertise for sale	<input type="checkbox"/>	Purchase
<input type="checkbox"/>	Manufacture	<input type="checkbox"/>	Display
<input type="checkbox"/>	Sell	<input type="checkbox"/>	Possess
<input type="checkbox"/>	Bring into the Territory	<input type="checkbox"/>	Use
<input type="checkbox"/>	Cause to be brought or sent into the Territory	<input type="checkbox"/>	Carry
<input type="checkbox"/>	Provision of training and instruction		

Reason for approval
Brief description only. Attach letter detailing justification for all reasons selected above and all supporting documents as requested in the attached Information Sheet.

Section 5: Particulars of Weapons/Body Armour (*see note)

Particulars of Weapons/Body Armour sought (or already held) for the Corporate Weapons Act approval	
Type (refer to Schedule 2 of the Weapons Control Regulations 2001)	Serial number (if applicable):

Section 6: Storage details

Storage details *Personal applications only, not relevant to employment application	
Prohibited Weapons and/or Body Armour Describe storage arrangements:	<input type="checkbox"/>
For Oleoresin Capsicum Spray or similar prohibited weapon applications please complete a "Weapons Control Act Self Declaration for storage of OC Spray" form and attach to this application, including photographs of the storage.	<input type="checkbox"/>

Section 7: Training course (*see note)

Training details – Applicants for Oleoresin Capsicum Spray only
The following training program is planned/in force for all employees using the company oleoresin capsicum spray or similar weapon:
<div></div>
<div></div>
Attach copy of course certificates

*Training course is required for an application under 132A of the Weapons Control Act 2001 (OC Spray).

Section 8: Particulars of employees (*see note)

Particulars of employees using or intending to use or have access to company Weapons/Body Armour (employee applications must be submitted in respect of any employee that will have access to or be required to use company weapons as part of their duties)			
Full name (First name, Surname)	Date of birth (DD/MM/YYYY)	Employees Weapons Act approval number	Physical address (where currently residing)

*Note: Attach additional list of Employees on a separate page (if required).

Section 9: Privacy disclaimer

Privacy disclaimer	
<p>Privacy disclaimer: 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 Weapons Control Act 2001</i> and <i>Weapons Control Regulations 2001</i>. Through national agreements the NTPF will provide some or all of this information to other agencies with an interest in weapons approvals. 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 NTPF 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 Weapons Control Act 2001</i> and acknowledge to make a false statement in an application is an offence under Section 13 of that Act.</p> <p>Signature of applicant: _____ Date: _____</p> <p>Printed name: _____</p>	<p>Declared at (Place)</p>

PENALTY: 100 PENALTY UNITS OR IMPRISONMENT FOR 2 YEARS FOR FALSE OR MISLEADING STATEMENTS
– Weapons ownership is not a right, it’s a responsibility –

Application checklist			
<input type="checkbox"/>	Detailed reason for application provided and attached	<input type="checkbox"/>	Training certificate attached (OC Spray)
<input type="checkbox"/>	Business Registration certificate (copy) attached	<input type="checkbox"/>	Use of Force policy attached
<input type="checkbox"/>	Justification for each reason for particular weapon/s provided (Section 4)	<input type="checkbox"/>	Aftercare arrangements detailed in medical plan (OC Spray)
<input type="checkbox"/>	Storage details provided (if applicable)	<input type="checkbox"/>	Copies of contracts attached (OC Spray)
<input type="checkbox"/>	Application updated on SaFER: <input type="checkbox"/> Yes <input type="checkbox"/> No if no, reason:	<input type="checkbox"/>	Disposal policy and procedures attached (OC Spray)
		<input type="checkbox"/>	Self-Storage Declaration completed and photos provided (OC Spray storage only)

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.:		

Character/Conviction				
<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 checks for interstate records completed (for all applications)				<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Not relevant <input type="checkbox"/> Relevant, attach printout of details
<input type="checkbox"/> MDEA/NPRS/NCIS/IR checks 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 - **RETAIN THE ORIGINAL FORM AT RECEIVING STATION**

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

Instructions and Information for Northern Territory (NT) Weapons Control Act 2001

Corporate approval application

General instructions:

Complete this form if you are applying for a weapons corporate approval.

100 points of identification must be provided when you lodge the application.

Application must be lodged in person at a NT Police Station.

All *NT Weapons Control Act 2001* applications within the greater Darwin and Palmerston area (Darwin, Casuarina, Palmerston, and rural areas) are to be lodged at the Palmerston Police Station during business hours (8am–6pm Monday to Friday, excluding public holidays). All applications outside the greater Darwin area can be lodged at any NT Police Station. Please ensure you allow enough time for processing, payment and photos to be taken prior to office closure (approximately 30 mins).

There is no renewal system in the NT - each and every application is a fresh application under the *Weapons Control Act 2001* (The Act), and all supporting documentation must be provided on **each** occasion. Application for new corporate approvals should be accompanied with applications for one or more employee approvals.

Corporate approvals are issued to entities (registered businesses or corporations) rather than individuals. Applications are submitted by business owners or a corporation that has a genuine reason and demonstrates the need for prohibited weapons or body armour to carry out their business (i.e. Council rangers, security firms etc.). For every application an employee representative is to be nominated (he/she may also be the Manager/Owner/Operator).

The Employee representative is responsible for the management of the approval and the corporate weapons/body armour. The employee representative must hold an employee licence (or submit an application for an employee approval with the corporate approval application (this application)).

Employees of the business that have access to the corporate weapons or body armour (including office staff) must hold a current employee approval linked to the corporate approval.

Applications for the possession and use of Oleoresin Capsicum Spray or similar weapon require the applicant to have completed an approved training course. Evidence of successful completion of the course must be attached to the application.

See NT Police website <https://pfes.nt.gov.au/police/firearmsweapons> for additional information/forms.

Please ensure all sections are completed (write N/A if a section is not applicable) by typing in the interactive form or using black or blue pen only and provide all supporting documentation at the time of submission.

The fee **must** be paid upon submitting the application.

For clarification or enquiries, please contact Firearms Policy and Recording Unit (FPRU) on (08) 8922 3543 between 8 am and 11am Monday to Friday excluding public holidays or email firearmsregistry@pfes.nt.gov.au

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Instructions to complete your application

Section 1: Articles sought on Approval

Select the weapons category you are seeking an approval for. Tick ☒ the appropriate boxes.

An application for Oleoresin Capsicum Spray or similar weapon has additional requirements as stipulated throughout the application form.

Section 2: Personal Details

Ensure you provide the employee representative's personal details in this section.

For Corporate applications, the employee representative must be a permanent employee/nominee of the Business/Corporation/and provide proof of NT residency.

Provide the job title/position as employed in the organisation/business.

Provide the employee representative's legal personal details (name, date of birth, sex, and place of birth) in the boxes provided.

Provide the employee representative's current contact telephone details and email address. Firearms Policy and Recording Unit (FPRU) will use these contact details for all communications related to the application and if additional clarification or further information is required to process the application.

Provide the employee representative current residential address and postal address including postcode. Applicable to both NT and interstate applicants. If the current residential address and postal address are the same, indicate "as above" in the current postal address box.

The employee representative's employee weapons approval must be current and valid or a new employee weapons approval application should be submitted with the corporate application. Provide the employee representative's current NT drivers licence number and NT Weapons Act approval number (as applicable).

Section 3: Business/Corporate details (for employment applications)

Provide **current** business/corporate name. Attach copy of currently dated business registration.

Provide Corporate Weapons Act approval number (for existing approvals).

Provide details on what the main function of the business/corporation is.

Provide details on the applicants role in the company.

Provide business contact details and email.

Provide Australian Business Number (ABN) or Australian Company Number (ACN).

Provide Business physical address including postcode. Provide postal address.

If both the addresses are same, indicate "as above" in the business postal address box.

Section 4: Reason for application

Provide a brief description of genuine reason and need on the form.

Provide a typed letter of intent, using the registered business letterhead (if you have one).

The letter needs to detail what type of business you already run or intend to set up and why your business requires prohibited weapons or body armour to operate. This letter is crucial as it justifies why the business requires the prohibited weapons or body armour to operate, and plays an important role in the determination of whether a Weapons Act approval is granted. The greater detail you provide the better.

The letter should include the following points:

- Where the business will actually be conducted (e.g. Name of property/s and size, lot or portion numbers etc.)
- Who will be the authorised signatories for the business, including the employee representative.

- Specify the type of prohibited weapons or body armour required for the business and where they will be carried/used.
- Provide details of storage of the prohibited weapon or body armour when not being carried by the applicant (for use) and is outside of the permanent storage location (ie: when duties change during shift which no longer permits employee to carry the weapon eg – locked in a container/in the boot of a vehicle).
- Applicants for OC Spray will need to detail which takeaway liquor outlets your employees will be performing duties at and provide evidence of contracts for the supply of that service.

Applications for OC Spray will also need to have the following documents attached;

- Use of Force Policy (inclusive of reporting procedures)
- Procurement Policy
- Training Policy
- Disposal Policy and Procedures
- Medical plan – what procedures are in place in the event a weapon is used in the course of an employee's duties – decontamination plan in the event OC Spray (or similar weapon) is used. Procedures in the event OC Spray (or similar weapon) has impacted bystanders. Please detail what first aid training your employees will be undertaking (it is requirement for OC Spray approval holders to possess a provide first aid certificate or equivalent).

Section 5: Particulars of Weapons/Body Armour

List details of the weapons/body armour you are intending to hold and/or use under the Corporate approval. Refer to the examples below on how to complete this section. e.g:

Particulars of Weapons/Body Armour sought (or already held) for the Corporate Weapons Act approval	
Type (refer to Schedule 2 of the <i>Weapons Control Regulations 2001</i>)	Serial number (if applicable):
MK5 Oleoresin Spray	VK1234
MK3 Oleoresin Spray	VK4321
ASP Extendable Baton	56789875
Hellweg Body Armour	AGD775885

If this is an application for an expiring approval you are required to audit the weapons/body armour owned under the approval. You are required to read the details off each weapon/body armour, not copy information off previous records. The purpose of this is to ensure our records correctly reflect the weapon details, and to obtain information that may be missing.

Section 6: Storage

It is a requirement of licence that safe storage be provided at the time of the application.

All prohibited weapons and body armour must be stored in a manner that ensures the item cannot be lost or stolen and that the item does not come into the possession of a person who is not authorised to possess it.

OC Spray (or a similar weapon) must be stored in compliance with Regulation 6 and Schedule 2A of the *Weapons Control Regulations 2001*, being a locked receptacle that, if weighing less than 150kgs when empty, is fixed to the floor or wall in a manner that prevents easy removal

You MUST provide one or more of the following supporting documents for storage:

For Corporate self-storage (OC Spray or similar weapon):

To store weapons in the corporate safe: Complete a 'Self-Declaration for storage of OC Spray' and attach current photographs showing the entire safe, locking mechanisms and method of securing/welding/bolting in points to

the wall, frame or the floor and any other security details supporting your application.

Section 7: Training course

Provide details of the training program or course (approved by the Commissioner) for all the employees under the Corporate approval.

The employee representative (Manager/Owner/Operator/Nominated employee) responsible for the management of the approval and of the weapons held must also hold an employee approval. Employees of your business that access the corporate weapons (including office staff) must hold a current employee approval linked to your corporate approval.

Section 8: Particulars of employees (employee list)

Provide details of the employees: Full name, date of birth, employee licence number and their physical address – where they currently reside (Occupation and other details will be found in employee application). Employees of your business that access the corporate weapons (including office staff except in case of OC spray, only crowd controllers may access this weapon) must hold a current employee approval linked to your corporate approval.

The training requirements must align with the respective corporate policies (e.g. Security industry (Security Industry Act) or as per the federal/state government policies for the Employees to possess and/or use weapons).

It is the responsibility of the Employee Representatives to manage the supporting requirements and must inform FPRU of any changes including change to the employment conditions etc.

An Employee approval is automatically cancelled when the employee is no longer employed by the corporation to which the employee approval is linked (or corporate approval under which the employee approval is issued).

Section 9: Privacy disclosure

Information is authorised to be collected under Section 13 of the *Weapons Control Act 2001* and then shared with other Law Enforcement Agencies under the exemption in Section 70(a) of the *Information Act 2002* (including the use of facial imagery to match with other police intelligence to detect/investigate the commission of offences).

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

Having difficulty understanding?

You can use an interpreter service if you are having difficulty understanding the questions.

You can contact the Interpreting and Translating Service NT in person and by mail, email or phone:

Interpreting and Translating Service NT

Level 1, Jape Homemaker Village 2

356 Bagot road

Milner, NT 0810

GPO Box 4621

Darwin NT 0801

Phone: (08) 8999 8506 or 1800 676 254

Email: itsnt@nt.gov.au