



**NORTHERN TERRITORY POLICE**  
Section 46 – Firearms Act

**PERMISSION TO INSPECT PREMISES  
(SAFEKEEPING OF FIREARMS)**

A&B Recreational  Cat H Shooter  Collector  Dealer / Armourer  Corporate  Cat **C&D** Firearms

FPRU USE ONLY
File Date: ..... / ..... / .....
POLICE USE ONLY
Firearm Licence No: .....
PROMIS Job No: .....

Surname:		Given Name:		Middle Name(s):	
Date of Birth: ...../...../.....		Place of Birth:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Business Name (If applicable):				Mobile No:	
Address of premises being inspected (Number, Street, Suburb):			Post Code:	Phone Number:	

**APPLICANT TO COMPLETE OVERLEAF - DETAILS OF FIREARM(S) HELD**

(Please refer to the back of this form to complete as required a list of **all** firearms held by you – yours and any other persons)

Signature of applicant:..... Date: ..... / ..... / .....

**MEMBER INSPECTING PREMISES TO COMPLETE**

Inspection Time:	Inspection Date:
------------------	------------------

Details of gun safe/safe storage: Make: ..... Model (if applicable): ..... Homemade **No/Yes**

Is storage an Armoury, Strongroom or Vault: ..... Is it in a Sea Container: ..... Is this for a Collectors Licence: .....

Storage Capacity (number of firearms capable of holding) **{NOTE: Do not use number of baffles in racks inside safe}**: .....

Category of firearm safe / strongroom is capable of storing:  A  B (3mm)  C  D  H (6mm)

Fitted with an internal lockable compartment? No/Yes -  H cat (6mm thick & quality lock)  Ammunition only (3mm & poor quality lock)

Where situated on premises: .....

How fixed to wall/floor/frame (number & type of bolts / screws / welds):.....

Additional security arrangements – for Collectors mandatory (please detail): .....

..... Is safe or room alarmed  Yes  No

If safe or room is homemade please supply description: Height ..... Width ..... Depth ..... Weight (approx) .....KG

Thickness of metal : Sides/top/bottom .....mm. Door .....mm. Hinges – How defended .....

Locks/mechanism: .....

Additional:..... Photographs attached  Yes  No

Recommendations to update  No  
 Yes Details: .....

PREMISES:  APPROVED  NOT APPROVED

Signature of member inspecting premises: .....	Member (printed): .....	Position / Rank: .....	Reg. No.: .....	Date: ...../...../.....
---	----------------------------	---------------------------	--------------------	----------------------------

**RECEIVING MEMBER – See overleaf to complete firearm audit**

