



NORTHERN TERRITORY POLICE

APPROVAL UNDER SECTION 13

OF THE

WEAPONS CONTROL ACT (Business)

General Requirements

- Is registered in the Northern Territory or is an Australian Registered Company operating in the Northern Territory,
- Can safely and securely store the Prohibited Weapon(s) or Body Armour,
- Has a genuine reason/need to possess the Prohibited Weapon(s) or Body Armour.

The Commissioner cannot grant a licence to a business where the nominee:

- is not a fit and proper person to have access to Prohibited Weapon(s) or Body Armour,
- has been found guilty of an offence of violence within the last five years,
- has been found guilty of a disqualifying offence within the last ten years,
- is subject to, or has been subject to a Domestic Violence Order, in the Northern Territory or elsewhere, within the last five years,
- who is subject to an order, made in the Northern Territory or elsewhere, to keep the peace,
- who has an adverse criminal history, or a history of mental illness or incapacity, which could affect the persons fitness to hold a licence.

The *Firearms Act and Regulations* may provide other mandatory or discretionary grounds for refusing a licence.

INSTRUCTION PAGES FOR COMPLETING THIS APPLICATION

All parts must be completed or the application will not be accepted.

- The form is to be completed in black or blue pen **only**.
- Attach copies of any supporting documents securely to your Application with a staple, do not use pins.
- Your Application can be made at any Police Station.
- Your application must be accompanied by the required fee **(Cheques to be made payable to CRTM
{Chief Receiver of Territory Monies})**
- Any queries? Contact the Officer in Charge, Firearms Policy and Records Unit, Northern Territory Police on Phone: (08) 8922 3543, Fax: (08) 8922 3540 or Email: FirearmsRegistry@pfes.nt.gov.au
- For questions requiring a Yes/No answer, please tick appropriate box.
- **Do not submit** original documents, as they will not be returned.

To be filed with Approvals Under the
Weapons Control Act

NORTHERN TERRITORY POLICE APPROVAL UNDER SECTION 13 OF THE WEAPONS CONTROL ACT (Business)

POLICE USE ONLY	
Firearm Licence No:	.....
Receipt No:	.....
Fee Charged: \$	.....

Application for approval to possess: Prohibited Weapon
 Body Armour

Business / Company Details

Business / Company Name:	.....			
Trading Name:	.....			
ABN / ACN Number:	.....			
Business / Company Address:	.....			
Postal Address:	.....			
Contact Phone Numbers: BH:	.....	AH:	.....	Fax:	.....
Email Address:	.....	Web Address:	.....	
Type of Business:	<input type="checkbox"/> Retail	<input type="checkbox"/> Other (please state):	.....	
	<input type="checkbox"/> Wholesale		.....	
	<input type="checkbox"/> Manufacturing		.....	

Business / Company Nominee

In the case of a business, an individual must be nominated to act on behalf of the Business or Company. The nominee will need to complete the details below.

Surname / Last Name:	.....			
First Given Name:	.....	Second Given Name(s):	.....	
Place of Birth:	.....	Date of Birth:	..... / .....	Gender: Male	<input type="checkbox"/> Female <input type="checkbox"/>
Residential Address:	.....			
Postal Address:	.....			
Contact Phone Numbers: Home:	.....	Mobile:	.....	Work:	.....
Drivers Licence Number:	.....	State:	.....	Firearm Licence Number:	.....
				State:	.....

Storage

Detail where the article(s) are going to be stored:

Details how the article(s) are going to be safely and securely stored:

Approval sought to possess the following article(s)

Detail the Prohibited Weapon / Body Armour sought on this application. Include a full description including serial numbers if applicable.

<input type="text"/>	Description:	<input type="text"/>
(Quantity)		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
<input type="text"/>	Description:	<input type="text"/>
(Quantity)		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
<input type="text"/>	Description:	<input type="text"/>
(Quantity)		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
<input type="text"/>	Description:	<input type="text"/>
(Quantity)		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

If insufficient space, attach additional pages.

Reason for seeking approval

Occupational purposes

Provide sufficient information and documentation to support the application, including the specific reasons for requiring the Prohibited Weapon or Body Armour, and how and where the articles are going to be utilised.

Other

Detail in a written submission, to the satisfaction of the Commissioner, a genuine reason to possess the Prohibited Weapon or Body Armour, and specify how and why it is going to be used.

Declaration

I, _____
(Full name of person making application)

of, _____
(Residential Address)

declare that all the particulars in this document are true and correct. I make this application under the *Weapons Control Act* and acknowledge that a false statement in an application is an offence under *Section 13(3)* of that Act and may preclude me from being granted an approval.

Signature of Applicant: _____ Date: ____ / ____ / ____

Declared at, _____

Before me, _____
Printed Name of Witness Signature of Witness

Title of person witnessing Declaration Contact Number

Address

RECEIVING MEMBER TO COMPLETE

Before this application is forwarded to the Firearms Policy and Records Unit, ensure that the applicant has completed all relevant parts, and any supporting documentation is attached.

CHECK THE APPLICATION BY COMPLETING THE CHECKLIST BELOW.

- Has the applicant completed all parts of the form.
- Proof of Identity – meets the 100 point check.
- Genuine Reason – applicant has provided required information and supporting documentation.

Application accepted by:

Signature of member receiving application: _____

Member (printed): _____

Position / Rank: _____ Reg. No.: _____

Police Station: _____ Date: ____ / ____ / ____

POLICE USE ONLY

CHARACTER / CONVICTION CHECKS

<input type="checkbox"/> PROMIS check completed (by member receiving application)	<input type="checkbox"/> Unknown – New PROMIS ID:
	<input type="checkbox"/> Known – PROMIS ID:
	Criminal / Traffic History: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

	Involvements: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

	Alerts / Warrants: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, 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, details,

	Domestic Violence / Restraining Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

	Other Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details,

<input type="checkbox"/> NEPI check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Known, details,

<input type="checkbox"/> NPRS check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Known, details,

**FORWARD TO THE FIREARMS POLICY AND RECORDS UNIT (FPRU),
PETER MCAULAY CENTRE, DARWIN**

FPRU USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Reason Category:	
Reason Code:	
Condition Codes:	
Signature:	
Position/Rank:	
Date: / /	