



NORTHERN TERRITORY POLICE

APPLICATION FOR: AMMUNITION COLLECTORS PERMIT

Note: An Ammunition Collectors Licence will not be issued unless suitable storage is nominated and an appropriate theme letter is submitted.

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

Surname:		Given Name:		Middle Name(s):	
Date of Birth: / /	Place of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Home Phone Number:	
Residential Address (Number, Street, Suburb):				Post Code:	
Postal Address (PO Box Number, Town/City):				Post Code:	
Occupation:		Name of Employer:		Business Phone Number:	

Please tick appropriate box

I hereby apply for a permit to collect and store ammunition of Categories: A B C D H

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"/> No <input type="checkbox"/> Yes
Have you had a finding of guilt against you in the past 10 years, for any kind of offence, not including minor traffic offences, but including: - Interstate or overseas findings of guilt; - Finding of guilt acquired whilst under the age of 18;	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever suffered from a diagnosed mental health disorder e.g. chronic depression, PTSD? (If yes please provide a report from your treating GP in support of your application.)*	<input type="checkbox"/> No <input type="checkbox"/> Yes
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"/> No <input type="checkbox"/> Yes
*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”.	

- Name of any Collectors Association memberships: (if any):.....
- A letter outlining details of a thematic theme for the type(s) of ammunition you are seeking to collect (in the case of an military memorabilia and munitions (i.e. casings) a letter outlining the pieces(s) historical or sentimental significance to the applicant) Attached: Yes No
- For the safekeeping of live ammunition, the premises have the following storage and security arrangements (describe type and location)(in the case of a display cabinet include details of the size and locking mechanism(s)):

DECLARATION	
<p>Privacy Disclaimer Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form to ensure compliance with legislation and to ensure the Commissioner of Police can satisfy him/herself of a number of matters related to the issuing of firearms licenses, permits and registration. This collection is authorized or required by the NT <i>Firearms Act</i> and <i>Regulations</i>. Through national agreements the NTPFES will provide some or all of this information to other agencies with a direct interest in firearm permits, licensing, and registration. 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>	
<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>Firearms Act</i> and acknowledge to make a false statement in an application is an offence under Section 89(1) of that Act.</p> <p>Signature of applicant:..... Date: / /</p> <p>PRINTED NAME:.....</p>	<p>Declared at:</p> <p>.....</p>

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

**- Firearms ownership is not a right, it's a responsibility –
RECEIVING MEMBER – See overleaf to complete application**

RECEIVING MEMBER TO COMPLETE

Signature of member receiving application:	Member PRINT:..... Position / Rank / Reg. No.:.....	Date Received:/...../.....
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CHARACTER / CONVICTION - POLICE USE ONLY

<input type="checkbox"/> PROMIS check completed (by member receiving application)		<input type="checkbox"/> Unknown – New PROMIS ID: <input type="checkbox"/> Known – PROMIS ID'S list all:.....
Criminal / Traffic History:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes:	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
Involvements:	<input type="checkbox"/> No <input type="checkbox"/> Yes 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"/> No <input type="checkbox"/> Yes 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"/> No <input type="checkbox"/> Yes 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"/> No <input type="checkbox"/> Yes 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"/> No <input type="checkbox"/> Yes If yes	<input type="checkbox"/> Not relevant (old / minor / not criminal) <input type="checkbox"/> Relevant, Attach printout of details
<input type="checkbox"/> 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"/> No <input type="checkbox"/> Yes 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"/> 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 SCANNED TO SAFER AND EMAIL NOTIFICATION TO

firearmsregistry@pfes.nt.gov.au

RETAIN THE ORIGINAL FORM AT RECEIVING STATION

FIREARMS POLICY AND RECORDING UNIT (FPRU), PETER MCAULAY CENTRE, DARWIN

FPRU USE ONLY

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

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

For more information visit: <http://www.pfes.nt.gov.au/Police/Firearms-Weapons/Firearms-licences-permits-forms.aspx>