



NORTHERN TERRITORY POLICE

APPLICATION FOR A

PAINTBALL EMPLOYEE LICENCE

Purpose of a Paintball Employee Licence

A paintball employee licence authorises the holder to possess and use paintball firearms and pellets for purposes relating to the performance of the employee's duties as an employee of the approved paintball operator specified in the licence at the operator's approved paintball range.

General Licencing Requirements

To qualify for a Paintball Employee Licence under the Northern Territory *Firearms Act*, the applicant must provide evidence to the Commissioners satisfaction that they:

- are currently employed by the holder of a Paintball Operators Licence,
- are at least 18 years of age,
- are a resident of the Northern Territory,
- prove their identity in accordance with the requirements under the *Financial Transactions Report Act (1988)*, which is the same standard that banks apply when you open a new account,
- have completed, or have made arrangements to undergo a Paintball Safety Course.

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

INSTRUCTION PAGES FOR COMPLETING THIS APPLICATION

There are **Seven Parts** in the application form. **All parts must be completed or the application will not be accepted.**

Parts 1, 2, 3 and 4 must be completed and signed by the person seeking the Paintball Employee Licence.
Parts 5, 6 and 7 must be completed and signed by the Director or Representative of the Company.

- 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}**
- A Paintball Employee Licence is valid for 1 year, or a shorter period specified on the Licence.
- 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.

Instructions to Complete Part 1 – Personal Details

- Enter your Personal Details: Surname, Given Name(s), Residential Address, Postal Address (if different from your residential address), Date and Place of Birth, Gender, NT Drivers Licence, Firearm Licence Number and Contact Telephone Numbers.
- If your Last Name is different from your birth certificate, enter details of previous Surname (including maiden name) and attach copies of any documents supporting the change of name (i.e. marriage certificate, deed poll, etc).

Instructions to Complete Part 2 – Medical History

- You must answer all the questions in this section. If you answer 'yes' to any of the questions in this section, you must supply a medical certificate/letter from your doctor regarding your suitability to hold a licence. Without this information, the Commissioner cannot make a proper assessment of your application.
- If you have supplied this information for a previous application and you have not received treatment since then, you may submit a copy of the previous medical certificate or letter.

Instructions to Complete Part 3 – Proof of Identity

- You must supply sufficient documentation to make 100 identity points such as you would to open a bank account. Mark the documents you have and produce the documents at the time of lodging your application.

Instructions to Complete Part 4 – Declaration by Applicant

- Complete this part and have it witnessed by a Justice of the Peace, a Commissioner for Oaths or a member of the Police Force.
- A false or misleading statement in the application is an offence under Section 89(1) of the *Firearms Act*.

Instructions to Complete Part 5 – Company Details

- To be completed by Employer: Enter your Company Name, ACN Number, the registered Company Address and Postal Address (if different from your Company Address), and Contact Telephone Numbers for the Director of the Company.
- Where the Company trades under a Business Name, provide the Trading Name, and Australian Business Number (if applicable).

Instructions to Complete Part 6 – Paintball Safety Course

- Provide the required information. If the training has been completed, attach documentary evidence that the training has occurred.

Instructions to Complete Part 7 – Declaration by Employer

- Complete this part and have it witnessed by a Justice of the Peace, a Commissioner for Oaths or a member of the Police Force.
- A false or misleading statement in the application is an offence under Section 89(1) of the *Firearms Act*.

FPRU USE ONLY

File Date: / /

NORTHERN TERRITORY POLICE

APPLICATION FOR A PAINTBALL EMPLOYEE LICENCE

POLICE USE ONLY

Firearm Licence No:

Receipt No:

Fee Charged: \$.....

(Please refer to instruction sheet when completing this application)

PART 1 (Personal Details)

Surname / Last Name: []

First Given Name: [] Second Given Name(s): []

Place of Birth: [] Date of Birth: [] / [] / [] Gender: Male Female

Residential Address: []

Postal Address: []

Contact Phone Numbers: Home: [] Mobile: [] Work: []

Occupation: [] Employer: []

Business Address: []

Drivers Licence Number: [] State: []

Is the Surname used on this application different from the surname on your birth certificate? Yes No

Reason for change: []

If you have not previously been issued a licence in the Northern Territory under this name you must include documentation to support the change of surname (i.e. Marriage certificate / deed poll etc)

Documents attached: Yes No (If the documents are not attached, the application cannot be approved)

Do you hold a current Firearm Licence (of any type) issued under the *Firearms Act*? Yes No

If the answer to the above question is 'Yes', write your Licence number in the space provided.

Firearm Licence Number: []

PART 2 (Medical History)

Are you, or have you ever been treated for:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| A psychiatric or emotional illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol or Drug related problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Serious impairment of eyesight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fits / Dizziness / Blackouts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head Injuries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answer 'Yes' to any of the above, you must supply a medical certificate or report from the doctor who treated you, or a doctor who is familiar with your condition, indicating your suitability to hold a firearms licence and possess firearms.

PART 3 (Proof of Identity)

You must provide sufficient documents to make 100 identity points in accordance with the *Financial Transactions Report Act (1988)*. Mark the documents you have and produce the documents at the time of lodging your application.

PRIMARY FORMS OF IDENTIFICATION

<input type="checkbox"/> Passport	70	<input type="checkbox"/> Citizenship Certificate	70
<input type="checkbox"/> Birth Certificate	70	<input type="checkbox"/> Licence (i.e. Drivers / Firearm Licence)	50
<input type="checkbox"/> Employer ID Card	25	<input type="checkbox"/> Letter from current employer	25
<input type="checkbox"/> Rates Notice	35	<input type="checkbox"/> Credit Card / Bank Book	25
<input type="checkbox"/> Medicare Card	25	<input type="checkbox"/> Membership Card (Union / University)	25

In the absence of primary forms of identification, the following is only acceptable at community level:

<input type="checkbox"/> Statutory Declaration from an officer employed by the Department of Health	
<input type="checkbox"/> Statutory Declarations from Community Council President giving name, date and place of birth	50
<input type="checkbox"/> Statutory Declarations from an Aboriginal Community Police Officer or local JP acknowledging name, date and place of birth	50

PART 4 (Declaration by Applicant)

PRIVACY DISCLAIMER

Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form, Paintball Employee Licence Application, 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 licences, permits and firearm registration. This collection is authorised or 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 a direct interest in firearm licences, permits, and firearm 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).

I,
(Full name of person making application for Paintball Employee Licence)

of,
(Residential address)

declare that all the particulars in Part 1 - 4 of this application are true and correct. I supply this information under the *Firearms Act* and acknowledge that to make a statement that is false or misleading in an application is an offence under *Section 89(1)* of that Act.

Signature of Applicant: Date: / /

Declared at,

Before me,

Printed Name of Witness

Signature of Witness

Title of person witnessing Declaration
(See notes in Part 4 of the instructions as to whom can witness this Declaration)

Contact Number

Address

PART 5 (Paintball Operator Details (Employer))

Company Name:

ACN Number:

Company Representative:

Company Address:

Postal Address:

Contact Phone Numbers: BH:

AH:

Fax:

Email Address:

Web Address:

Trading Name:

ABN Number:

Business Address:

Postal Address:

Contact Phone Numbers: BH:

AH:

Fax:

PART 6 (Paintball Safety Course)

Has the Employee completed the approved Paintball Safety Course?

Yes

No

Date Completed:

/ /

Documents attached: Yes No (If the documents are not attached, the application cannot be approved)

If the Employee has not completed an approved Paintball Safety Course the issue of any Paintball Employee Licence will be conditional and only authorise the Employee to possess and use a paintball firearm for the purpose of undertaking the course.

The Employee cannot operate or work on a paintball range unless under the direct supervision of the holder of a Paintball Employee Licence who has completed the approved Paintball Safety Course.

The Employee is scheduled to undertake the approved Paintball Safety Course on the:

/ /

PART 7 (Employer Declaration)

PRIVACY DISCLAIMER

Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form, Paintball Employee Licence Application, 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 licences, permits and firearm registration. This collection is authorised or 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 a direct interest in firearm licences, permits, and firearm 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).

I,
(Full name of person making declaration being a Director or the Representative of the Company)

of,
(Residential Address)

declare that,
(Full name of person making application for the Paintball Employee Licence)

Is an Employee of,
(Company name operating under a Paintball Operators Licence)

and requires a Paintball Employee Licence to carry out their duties as an employee of this company.

I supply this information under the *Firearms Act* and acknowledge that to make a statement that is false or misleading in an application is an offence under *Section 89(1)* of that Act.

Signature of Applicant: Date: / /

Declared at,

Before me,
Printed Name of Witness Signature of Witness

Title of person witnessing Declaration Contact Number
(See notes in Part 7 of the instructions as to who can witness this Declaration)

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.
- Change of Name – attached documentation (if applicable).
- Proof of Identity – meets the 100 point check (as applicable).
- Medical History – if applicant has answered yes to any question, don't accept application unless the applicant has included a letter from the doctor (if applicable).
- Has the applicant signed the Applicants Declaration.
- The Employer has completed Paintball Operators details.
- The Employer has provided Paintball Safety Course details.
- The Employer has completed the Employer Declaration.

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: / /	