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ABN 43 408 613 180

# NSW POLICE FORCE - FIREARMS REGISTRY P638

## Application for a Prohibited Weapon Permit

Please use **BLACK PEN** and **CAPITAL LETTERS** to complete this form. Failure to complete all sections of this form and supply supporting documentation may result in delay or refusal of your application.

### A. PERSONAL AND CONTACT DETAILS

Last Name

Given Names

Date of Birth    Male  Female  NSW Drivers Licence No.

Mobile Phone  Home Phone No

Business No  Email Address

If you have been known by another name, please provide details below (Last Name, Given Names)

### B. RESIDENTIAL ADDRESS

Unit No  Property Name

Street No  Street Name

Suburb  State  Postcode

### C. POSTAL ADDRESS - If the same as your residential address please mark this box with an X

Unit No  PO Box No  Property Name

Street No  Street Name

Suburb  State  Postcode

### D. BUSINESS, CLUB, GOVERNMENT AGENCY DETAILS

Business Name

Trading Name  Business Phone No

Business Address

Postal Address

### E. PERMIT TYPE

<input type="checkbox"/> Animal Management	<input type="checkbox"/> Heirloom	<input type="checkbox"/> Public Museum
<input type="checkbox"/> Arms Fair Participant	<input type="checkbox"/> Historical Re-enactment Participant	<input type="checkbox"/> RSL Display
<input type="checkbox"/> Arms Fair Principal Dealer	<input type="checkbox"/> Historical Re-enactment Event	<input type="checkbox"/> Sporting
<input type="checkbox"/> Body Armour Vest	<input type="checkbox"/> Instructor	<input type="checkbox"/> Scientific Purposes
<input type="checkbox"/> Collector	<input type="checkbox"/> Overseas Competitor	<input type="checkbox"/> Theatrical Weapons Armourer
<input type="checkbox"/> Dealer	<input type="checkbox"/> Production Permit	<input type="checkbox"/> Other - please specify and supply additional information

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**F. SAFEKEEPING ADDRESS OF WEAPONS- if same as Residential Address mark this box with an X****Please note this section MUST be filled out even if you do not currently possess any prohibited weapons.**

The *Prohibited Weapons Act 1998* prescribes strict requirements for the safekeeping of prohibited weapons. Failure to comply attracts severe penalties. Police may inspect your security arrangements at any reasonable time.

**I will keep any prohibited weapons owned by me or in my possession at the following address (please provide additional details if your prohibited weapons are stored at more than one location):**

Unit No	<input type="text"/>	Property Name	<input type="text"/>		
Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb	<input type="text"/>		State	<input type="text"/>	Postcode <input type="text"/>

**G. PERSONAL HISTORY - You MUST complete this section - Mark an X in one box for each question**

Have you in NSW or elsewhere;

- a) Been refused or prohibited from holding a firearms licence or permit or had a firearms licence or permit suspended, cancelled or revoked? YES  NO
- b) Are you currently subject to a Good Behaviour Bond for an offence referred to in question e)? YES  NO
- c) Been, or are presently, subject to a firearms/weapons prohibition order? YES  NO
- d) Attempted suicide or self harm or been referred or treated for alcoholism, drug dependence, or a mental or nervous disorder or illness? YES  NO
- e) Been convicted of an offence involving firearms or weapons, prohibited drugs/plants, violence or organised criminal groups or recruitment? YES  NO
- f) Within the last 10 years been the subject of an Apprehended Violence Order (other than an order which was revoked)? YES  NO

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS AS AN ATTACHMENT****H. DECLARATION**

- I fully understand and can comply with the safekeeping requirements of the *Weapons Prohibition Act 1998* and associated Regulation.
- I understand that it is a serious offence under the *Weapons Prohibition Act 1998* to make a statement or provide information that I know is false or misleading.
- I certify that all the information contained in this application is true and correct in every detail & I authorise the release of my personal information to any third party the Commissioner deems appropriate.
- I agree to the NSW Police Force undertaking such enquiries as are necessary to establish that the information I have provided in relation to this application is true and correct.

Applicants Signature	<input type="text"/>	Date	<input type="text"/>
Witness Name	<input type="text"/>	Date	<input type="text"/>
Witness Signature	<input type="text"/>	I confirm that I am 18 years of age or over, and have witnessed the signing of this application	

**I. CREDIT CARD AUTHORITY**Please debit my credit card for **\$127.00** MasterCard  Visa 

CARD Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date	<input type="text"/>	/	<input type="text"/>
Cardholder Name (PLEASE PRINT)	<input type="text"/>							
Cardholder Signature	<input type="text"/>			Date	<input type="text"/>			

**OFFICE USE ONLY**

Receipt No.	<input type="text"/>	Amount	<b>\$127.00</b>	Date	<input type="text"/>
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