



# NSW POLICE FORCE - FIREARMS REGISTRY P638

## Application for a Prohibited Weapon Permit

Use a BLACK PEN and CAPITAL LETTERS!!!

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)

Complete your name and contact details here

### B. RESIDENTIAL ADDRESS

Unit No  Property Name

Street No  Street Name

Suburb  State  Postcode

Complete your residential address here

### 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

If your postal address is different to your residential address, complete it here. If it is the same, cross this box

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

Business Name

Trading Name  Business Phone No

Business Address

Postal Address

This is not applicable for us.

### 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 checked="" 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

Mark this box -->

Complete address where you will keep Megatron.

If the same as residential address, cross this box

**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  Property Name   
 Street No  Street Name   
 Suburb  State  Postcode

Mark an "X" for each question

**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 weapons/firearms licence or permit or had a weapons/firearms licence or permit suspended, cancelled or revoked? YES  NO

b) Are you currently subject to a Good Behaviour Bond? 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; fraud, dishonesty, stealing; prescribed restricted substances; terrorism, violence, robbery; an offence of a sexual nature or an offence involving organised criminal groups or recruitment? YES  NO

f) Within the last 10 years been the subject of a Domestic Violence Order, Apprehended Violence Order, Restraining Order or other domestic violence related injunction? YES  NO

If you marked any "Yes", attach a page with details of why you marked "Yes".

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 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  Date   
 Witness Name  Date   
 Witness Signature  I confirm that I am 18 years of age or over, and have witnessed the signing of this application

Sign here before a witness who is over 18 years of age USING THE SAME PEN!!!

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

~~CARD Number  Expiry Date  /~~

~~Cardholder Name (PLEASE PRINT)~~

~~Cardholder Signature  Date~~

This is not applicable. We are exempt from this fee.

**OFFICE USE ONLY** Receipt No.  Amount **\$127.00** Date