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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



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

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 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

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

OFFICE USE ONLY

Receipt No. Amount **\$127.00** Date

