



Licence No./s

Application For Firearms Licence

Firearms Act 1996

PERSONAL DETAILS

1. Surname

2. Given Names

3. Age

day . month . year

Date of Birth

4. Sex

Male

Female

5. Please indicate the categories and your reason for requiring a firearms licence. (Tick appropriate box/s)

Category	Tick Box	Type of Firearm	Genuine Reason							
			1	2	3	4	5	6	7	
A	<input type="checkbox"/>	Air Rifle								
		Rimfire rifle other than self loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		Shotgun other than pump action or self loading								
	<input type="checkbox"/>	Shotgun and rimfire combinations								
		Muzzle loading firearm								
B	<input type="checkbox"/>	Centre fire rifle, other than self loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		Shotgun and centrefire rifle combinations								
C	<input type="checkbox"/>	Self loading rimfire rifle with a magazine capacity of no more than 10 rounds								
		Self loading shotgun with a magazine capacity of no more than 5 rounds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		Pump action shotgun with a magazine capacity of no more than 5 rounds								
D	<input type="checkbox"/>	Self loading centrefire rifle								
		Self loading shotgun with a capacity of more than 5 rounds								
		Pump action shotgun with a capacity of more than 5 rounds	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		Self loading rimfire rifle with a magazine capacity of more than 10 rounds								
H	<input type="checkbox"/>	Pistol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Air Pistol								

(Registry Checklist – Please refer to information sheet.)

Genuine Reason

- Sport or target shooting.
- Recreational hunting or vermin control.
- Primary production.
- Animal population control.
- Animal welfare.
- Business or employment as a firearms dealer, security agent or security guard.
- Firearms collection.

6. Home Address (Do not enter post box numbers)

Postcode

7. Postal Address (if same as home address write "as above")

Postcode

8. Telephone Number (Include STD area code)

Home
Work
Facsimile

9. Previous Address (if you have lived at your present home address for less than three years)

Postcode

*If moving from interstate and you own firearms you will need to re-register your firearms in Tasmania.

10. Are you known or have you ever been known by any other names? (Tick one box)

Yes No go to Question 12.

11. Other name and reason for changing names (e.g. by marriage, deed poll, alias etc.)

Surname and Given Names	Reasons for changing name
.....
.....
.....
.....

HEALTH

12. Have you ever needed treatment for or are you being treated for? (Tick applicable box/s)

Mental/emotional problems

Yes Specify below No

.....
.....

Fits, dizziness/blackouts

Yes Specify below No

.....
.....

Alcohol/drug related problems

Yes Specify below No

.....
.....

Any serious injury

Yes Specify below No

.....
.....

NEXT OF KIN

13. Surname

Given names

Relationship

Home address of next of kin (Do not enter post box numbers)

Postcode

Telephone Number of Next of Kin

(Include STD area code)

Home

Work

IDENTIFICATION

14. Please supply details of your identification totalling the required 100 points

.....
.....

HISTORY

15. Have you ever been refused a licence/permit for a firearm? *(Tick one box)*

Yes specify below

No go to next Question

.....

16. Have you ever had a firearm licence/permit cancelled? *(Tick one box)*

Yes specify below

No go to next Question

.....

17. Have you ever been ordered to keep the peace in Tasmania or elsewhere?

(Tick one box)

Yes No

18. Have you ever been sentenced to a term of imprisonment in Tasmania or elsewhere for an offence involving violence? *(Tick one box)*

Yes No

19. Have you ever been the subject of a restraint order or interim restraint order involving violence? *(Tick one box)*

Yes No

20. Have you ever been subjected to a firearms prohibition order? *(Tick one box)*

Yes No

21. Have you ever been convicted of an offence or do you have any charges presently before a court? *(Exclude minor traffic offences) (Tick one box)*

Yes specify below (if possible) attach extra page if necessary

No go to next Question

Date	Court & Location	Offence
.....
.....
.....

22. Where you are applying for a category B licence you must attach evidence proving your need to possess or use a firearm of that category.

23. Where your reason for possessing or using a firearm is sport or target shooting, of which approved shooting organisation/s are you a member? *(Specify below)*

Shooting organisation name

Shooting organisation address

Shooting organisation telephone number

Shooting organisation name

Shooting organisation address

Shooting organisation telephone number

24. Where your reason for possessing or using a firearm is recreational hunting or vermin control, what type of animal or vermin will you be shooting? *(Specify below)*

.....

25. On what land will you be shooting the specified animal or vermin? *(Specify below)*

Property Owner's Name	Owner's Phone No.	Property Name & Address
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

26. Attach the document giving you the permission to shoot the specified type of animal or vermin on the specified land.

27. Where your reason for possessing or using a firearm is primary production, what is the nature of your business as a primary producer? *(Specify below)*

28. Attach a statutory declaration proving your intention to possess or use a firearm solely for the purpose of primary production.

29. Where your reason for possessing or using a firearm is primary production and you are applying for a category C licence, attach evidence proving that your need for this licence cannot be met by a category A firearm licence, or a category B firearms licence, or by any other means.

30. Where your reason for possessing or using a firearm is animal population control what is the nature of your business and by whom are you employed? *(Specify below)*

31. Attach proof of your profession in the business of animal population control.

32. Where your reason for possessing or using a firearm is animal population control and you are applying for a category D licence, attach evidence proving your need to possess or use a firearm of that category.

33. Attach proof of your business in animal welfare.

34. Where your reason for possessing or using a firearm is for employment as a security guard, complete the following:

Commercial Inquiry Agents Licence Number

Expiry Date
day month year

Court issued
Employer name

Employer address *(Do not enter post box numbers)*

 Postcode

35. Where your reason for possessing or using a firearm is for employment as a security agent, complete the following:

Do you require a firearms licence on behalf of a corporation? *(Tick one box)*

Yes No go to Question 38

Corporation name

Corporation address in Tasmania *(Do not enter post box)*

 Postcode

ACN Number

What is your position in the Corporation?

Commercial Inquiry Agents

Licence Number

day month year

Expiry Date

Court issued

36. Where your reason for possessing a firearm is a firearms collection, of which approved society/s are you a member?

(Specify below)

Name of Society

Address of Society *(Do not enter post box numbers)*

 Postcode

Telephone number of Society

37. Attach proof of your membership of an approved society.

38. What is the purpose for which you intend to collect firearms?

39. Please list all location addresses where you intend to keep firearms. *(Attach a list if necessary)*

Location address

Location address

Location address

Location address

40. What type of storage arrangements do you have for each of the locations at Question 39? *(Specify below)*

DECLARATION

I
name

Acknowledge that prior to the making of this application, I have been furnished with information regarding the requirements in relation to storage and safety of firearms.

Signature of Applicant

day month year

Date

Warning: You are reminded that the supply of false information may render you liable to prosecution and the cancellation of any licence, permit or registration granted under the Firearms Act 1996.

OFFICE USE ONLY

CONCESSION

RECEIVING OFFICER

41. Has the applicant attached sufficient proof of the genuine reason? *(Tick one box)*

Yes No do not proceed beyond this point

Has the applicant produced identification totalling the required 100 points in accordance with the Financial Transaction Reports Act 1988. *(refer to information sheet) (Tick one box)*

Yes No do not proceed beyond this point

Lodgement date of application

day month year

Office Location

42. Name

Signature

Receipt number

Receipt fee

Concession Details:

Customer Reference Number

OR

Department of Veteran's Affairs Number

43. Has the applicant satisfactorily completed an approved firearms safety course? *(Tick one box)*

Yes No

Please note in order to receive a concession you must provide a copy of a current Pension, Veterans Affairs or Health care card in your name.