



NSW POLICE FORCE - FIREARMS REGISTRY

First Time Firearms Dealer Licence Application Checklist

This form must be completed by the person responsible for running the business and nominated on the licence application form. Please complete the information requested below and attach this form to your application.

BUSINESS DETAILS

Please select one - Is the business a Sole Trader Partnership Registered Company

Business Name

Trading Name

Business Address

ABN ACN

NOMINATED PERSON

Nominated Person - The nominated person is the person responsible for the business and nominated on the licence application form.

Nominated Person

CHECKLIST - Please mark the relevant box

- YES NO Have you read the *Firearms Act 1996* and associated Regulation and are you aware of the legal obligations imposed upon a licensed Firearms Dealer?
- YES NO Have you included copies of your business registration certificate with your application?
- YES NO Corporation Only - applicant must also apply for an Employee Authority on a P565 form to be authorised to possess firearms registered to the business.
- YES NO Have you included copies of your business plan, showing research on target market, business goals and the development strategy you will employ to reach those goals.
- YES NO Close associates of a firearms dealer business must be declared. Have all the close associates completed a P566 form and have these forms been included with your application? (leave blank if you don't have any close associates).

Close Associates - a close associate of the business is any person who holds or will hold a position in the business **OR** a person who holds or will hold any relevant financial interest or is entitled to exercise any relevant power in the business **AND** by virtue of that interest or power, the person can exercise a significant influence on the manner in which the business is conducted.

NOTE: A change to the close associates on an existing licence must be notified within 7 days to the Firearms Registry. Sections 4B and 44 of the *Firearms Act 1996* relate.

- YES NO Have you included copies of your **public liability insurance** with your application?
- YES NO You must have approval for the business from your local consent authority and include copies with your application
- Your premises and safe storage facilities must be inspected for level 7 by police. Police will provide an **Event number** when they have completed the safe storage inspection. Enter the Event number.

TYPE OF BUSINESS - please mark the relevant boxes below

Please provide information on the type of dealership you intend to run.

- YES NO Are you intending to buy and sell firearms?
- YES NO Are you intending to maintain firearms (keep firearms on consignment or for safe keeping)?
- YES NO Are you intending to manufacture firearms?
- YES NO Are you intending to convert firearms?
- YES NO Are you intending to repair firearms?
- Provide all details of your qualifications/experience with respect to these business activities as attachments.

PROHIBITED FIREARMS - please mark the relevant boxes below

YES NO Are you requesting to be authorised for prohibited firearms?

Prohibited Firearms are restricted and only available to certain classes of licence or permit.

If you are requesting to be authorised for prohibited firearms, you will need to supply supporting documentation as evidence of your need to trade in each type of prohibited firearm selected. Indicate below the item number of the prohibited firearms in which you wish to trade. For each selection, you must provide evidence of your need to trade in the types of prohibited firearm. Provide information on letterhead and include contracts, information on potential customers etc in your submission.

See the accompanying 'Schedule 1 Prohibited Firearms' for descriptions.

1 2 3 4 5 6 7 8 9
 10 11 12 13 14 15 16 18

BUSINESS ACTIVITIES - please mark the relevant boxes below

What are the trading days and hours of the business? Less than 5 days / 5 days / 5 1/2 days / 6 days / 7 days Hours:

YES NO Will you be test firing firearms as part of your business activities?

YES NO If so will you be test firing firearms on an approved range?

If YES, please provide the name of the range here.

YES NO Will any test firing be done on the premises?

If YES, what testing facilities are available? Details must be provided on letterhead and include photos where possible.

AMMUNITION - please mark the relevant boxes below

YES NO Do you have a restricted area for storage of ammunition (in addition to the firearms safe)?

YES NO Will you be loading or reloading ammunition?

YES NO Will you be storing gun powder/black powder?

YES NO Are you aware that storage of over 12kg of powder requires a permit from Workcover?

YES NO Do you have a permit from Workcover? If so, please include a copy of this with your application.

EMPLOYEES - please mark the relevant boxes below

Employees of the dealership must be authorised by an employee authority if they have access to firearms.

In order to obtain an Employee Authority, the employee must complete a firearms safety training course relevant to the type of firearms they will have access to and complete a P565 'Application for an Employee Authority' form.

YES NO Do you have persons employed in your business?

YES NO Are these employees authorised by way of an Employee Authority?

YES NO **If NO**, employees must complete a P565 Application for an Employee Authority. The P565 forms are included in this package and can be printed from the Internet.

NOTE: Each employee authority has a prescribed fee of \$25 which must accompany the application.

SUITABILITY OF BUSINESS PREMISES

The premises used for business activities must be suitable - clause 37(1)(b) of the *Firearms Regulation 2006*.

The premises must be inspected by police prior to approval of the application.

The following will be taken into consideration when approving the premises - clause 37(2) of the *Firearms Regulation 2006*.

- The nature of the activities being undertaken (trade, repair only, advertising).
- The kinds of firearms authorised by the licence (prohibited, imitation, AB only).
- Whether adequate provision has been made for the safe keeping of firearms by means of a safe, strongroom or otherwise.
- The security of the premises against unauthorised entry (alarms, monitoring, CCTV, location of premises (industrial, residential, commercial), external advertising).
- Where the dealers licence authorises testing of firearms on the premises, whether an efficient bullet recovery box or bullet stop is provided on the premises.

Please provide the name and the Master Security Licence number of the security company installing the alarms/systems.

IN ADDITION, please answer the following:

- YES NO Will patrols be conducted of the premises while they are not occupied?

If YES, please provide the name of the security company engaged to conduct the patrols below.

How often will these patrols be conducted? *Circle* Hourly - twice a night - once per night - other, specify

- YES NO Will the **safe storage area** be monitored by CCTV?
- YES NO Will there be 24hr monitoring of alarms by a security company?
- YES NO Is a silent hold up alarm installed?

MISCELLANEOUS - please mark the relevant boxes below

- YES NO Is the dealership located/contained within a private residence (ie non-commercial premises)?
- YES NO Is the dealership in a residential area?
- YES NO Is the dealership in a commercial / industrial area?
- YES NO Is the dealership associated with another business, for example, a Security Firm / retail outlet?
- YES NO If 'Yes', does this other business also have firearms?
- YES NO If 'Yes', are these firearms stored at the same premises?
- YES NO If they are stored in the same premises, are the firearms stored separately to the dealership firearms?
- YES NO Does the dealership have a Website?

If YES, please provide the URL address below.

- YES NO Does the dealership have an email address?

If YES, please provide the email address below.

SIGNING THIS DECLARATION - This declaration must be signed by the sole trader, one or more of the partners of the business, or director or secretary of the registered company.

By signing, you are authorising the application and authorising the nominated person on the application.

Signature	<input type="text"/>
Print Name	<input type="text"/>
Position Held	<input type="text"/>