

+ +

NSW POLICE FORCE - FIREARMS REGISTRY P635

Application for a Person to be Authorised on a Firearms Permit

ABN 43 408 613 180

THIS IS NOT A PERMIT APPLICATION.

Some permits allow for the authority of a permit to extend to a person other than the permit holder. This form is completed by a person requiring such authorisation. Upon completion, print & sign it and have the permit holder complete and sign Section and forward this form, together with the permit application (or directly to the Firearms Registry if the permit is already issued) to the:

Firearms Registry, Locked Bag 1, Murwillumbah NSW 2484.

- A separate P635 must be completed by each person requiring authorisation.

A. PERSONAL AND CONTACT DETAILS

| | | | | | | | |
|-----------------|---|--|--|---------------|--|-------------------------|--|
| Name | <input style="width: 95%;" type="text"/> | Your Previous Firearms Licence No, if applicable | <input style="width: 95%;" type="text"/> | | | | |
| Date of Birth | Day <input style="width: 30px;" type="text"/> | Month <input style="width: 30px;" type="text"/> | Year <input style="width: 30px;" type="text"/> | Gender | <input style="width: 60px;" type="text"/> | NSW Drivers Licence No. | <input style="width: 100px;" type="text"/> |
| Mobile Phone No | <input style="width: 150px;" type="text"/> | Day Time Phone No | <input style="width: 150px;" type="text"/> | Email Address | <input style="width: 280px;" type="text"/> | | |

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

- Attach documentation of Proof of Identity (if no other NSW firearms licence or permit is held or has been held). See FACT Sheet 'Proof of Identity' for documents which are acceptable to prove 100 point ID.

B. RESIDENTIAL ADDRESS

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

D. PERSONAL HISTORY - You MUST complete this section - select one box for each question

| | YES/NO |
|--|---|
| 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? | <input style="width: 60px;" type="text"/> |
| b) Are you currently subject to a Good Behaviour Bond for an offence referred to in question e) or an Interim Apprehended Violence Order? | <input style="width: 60px;" type="text"/> |
| c) Been, or are presently, subject to a firearms/weapons prohibition order, other than an order that has been revoked? | <input style="width: 60px;" type="text"/> |
| d) Have you ever attempted suicide or self harm, or in the past 12 months been referred or treated for alcoholism, drug dependence, or a mental or nervous disorder or illness? | <input style="width: 60px;" type="text"/> |
| e) Within the last 10 years, been convicted of an offence involving firearms or weapons, prohibited drugs/ plants, fraud/dishonesty/stealing, prescribed restricted substances, terrorism, violence, robbery, organised criminal groups and recruitment, or an offence of a sexual nature? | <input style="width: 60px;" type="text"/> |
| f) Within the last 10 years been the subject of a Apprehended Violence Order (other than an order which was revoked) or an injunction ordered by the Family Court? | <input style="width: 60px;" type="text"/> |

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



E. CERTIFICATION BY NOMINATED PERMIT HOLDER

Complete and print this form and have this section completed and signed by the nominated permit holder to certify your need to possess and/or use a firearm in connection with the firearms permit nominated below.

Permit Number (if held) Type of Permit (eg. Paintball Game Permit)

Nominated Permit Holder Name

Complete the section below including the applicant's position and a list of the tasks / duties performed requiring the possession and/or use of firearms.

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |

- I certify that the applicant, whose details appear overleaf, is required to possess and/or use a firearm in connection with a permit issued under the *Firearms Act 1996* and the associated Regulation.

Nominated Permit Holder Name: Firearms Licence/ Permit No. (if held)

Signature Date

F. FIREARM SAFETY TRAINING

If you have never held a firearms licence or permit in NSW, or you do not currently hold an equivalent issued firearms licence or permit interstate, you are required to complete firearm safety training for longarms and/or pistols.

- Attach a certificate of successful completion of an approved firearm safety training course OR if this application is in relation to a Film, Television or Theatrical Production permit, a letter from a theatrical armourer confirming that you have received instruction in the safe handling of firearms.

G. DECLARATION

- I understand that it is a serious offence under the *Firearms Act 1996* 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 and for the purposes of any relevant Authority verifying the details of this application.
- 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

