



NSW Police Force  
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# NSW POLICE FORCE - FIREARMS REGISTRY

## Prohibited Weapon Re-enactment Event Permit Genuine Reason Form

### PLEASE READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS FORM

This is an **interactive** form and applies to a person, on behalf of an historic or commemorative club or society, making application for a permit to conduct and supervise a re-enactment event or events involving the possession of prohibited weapons.

Please complete all sections, print this form and submit with the P638 'Application for a Prohibited Weapons Permit' form and any supporting documentation to the **Firearms Registry, Locked Bag 1, Murwillumbah NSW 2484.**

#### BUSINESS APPLICANTS ONLY

Business, Club, Organisation Name

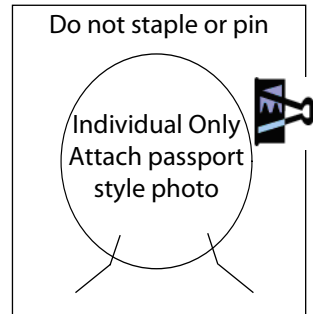
#### Name of Nominated Person

for Business, Club or Organisation

OR

#### INDIVIDUAL APPLICANTS ONLY

Permit Holder Name



- Individual Applicants ONLY**- Passport sized colour photograph of yourself endorsed and signed on the back by a JP or police officer 'This is a true photo of NAME' attached.
- Nominated person for Business AND individual applicants** - Documentation of Proof of Identity attached (*if no other NSW firearms licence or permit is held or has been held*). See FACT Sheet 'Proof of Identity' for acceptable 100 point ID documents.

### 1. DETAILS OF THE PROHIBITED WEAPONS TO BE POSSESSED AND USED FOR THE EVENT

Provide details of the quantity and description of the weapons to be possessed and used in the re-enactment event

<input type="checkbox"/> Item 1(1)	<input type="checkbox"/> Item 1A(1)	<input type="checkbox"/> Item 2(8)	<input type="checkbox"/> Item 2(15)	<input type="checkbox"/> Item 2(19)	<input type="checkbox"/> Item 3(3)	<input type="checkbox"/> Item 4(4)
<input type="checkbox"/> Item 1(2)	<input type="checkbox"/> Item 1A(2)	<input type="checkbox"/> Item 2(9)	<input type="checkbox"/> Item 2(16)	<input type="checkbox"/> Item 2(20)	<input type="checkbox"/> Item 3(4)	<input type="checkbox"/> Item 4(5)
<input type="checkbox"/> Item 1(3)	<input type="checkbox"/> Item 1A(3)	<input type="checkbox"/> Item 2(10)	<input type="checkbox"/> Item 2(17)	<input type="checkbox"/> Item 2(21)	<input type="checkbox"/> Item 3(5)	<input type="checkbox"/> Item 4(6)
<input type="checkbox"/> Item 1(4)	<input type="checkbox"/> Item 2(4)	<input type="checkbox"/> Item 2(11)	<input type="checkbox"/> Item 2(17A)	<input type="checkbox"/> Item 2(22)	<input type="checkbox"/> Item 3(6)	<input type="checkbox"/> Item 4(7)
<input type="checkbox"/> Item 1(5)	<input type="checkbox"/> Item 2(5)	<input type="checkbox"/> Item 2(12)	<input type="checkbox"/> Item 2(18)	<input type="checkbox"/> Item 2(23)	<input type="checkbox"/> Item 4(1)	<input type="checkbox"/> Item 4(8)
<input type="checkbox"/> Item 1(6)	<input type="checkbox"/> Item 2(6)	<input type="checkbox"/> Item 2(13)	<input type="checkbox"/> Item 2(18A)	<input type="checkbox"/> Item 2(24)	<input type="checkbox"/> Item 4(2)	<input type="checkbox"/> Item 4(9)
<input type="checkbox"/> Item 1(7)	<input type="checkbox"/> Item 2(7)	<input type="checkbox"/> Item 2(14)	<input type="checkbox"/> Item 2(18B)	<input type="checkbox"/> Item 3(1)	<input type="checkbox"/> Item 4(3)	

If you have selected item 1A(1) , you must complete the certification below.

- I hereby certify that any prohibited weapon referred to in clause 1A(1) of Schedule 1 of the Weapons Prohibition Act 1998 to which this permit relates will be deactivated and certified by the holder of a theatrical weapons armourer as having been deactivated.

Nominated Permit  
Holder Name:

Signature:

Date:

### 2. EVIDENCE OF GENUINE REASON

Provide information on the historic or commemorative nature of the event and why the participants are required to possess and use prohibited weapons.





### 3. EVIDENCE OF MEMBERSHIP OF AN HISTORIC OR COMMEMORATIVE CLUB OR SOCIETY

Provide confirmaton of membership on letterhead from the historic or commemorative club or society of which you are a member.

### 4. RE-ENACTMENT EVENT DETAILS

Name of club/society/organisation conducting the event

Dates of the Event/s

Location of the Event/s

### 5. SECURITY MEASURES FOR THE EVENT

Provide the security measures employed for the event, for rehearsals and during transportation of the prohibited weapons to the event location to prevent the weapons coming into the possession of an unauthorised person .

### FURTHER INFORMATION

It is a serious offence under the *Weapons Prohibition Act 1998* to make a statement or provide information in relation to an application that is false or misleading. By signing the Declaration on your weapons permit application form, you are certifying that ALL the information supplied in relation to this application is true and correct.

### CHECKLIST - All applicants are required to provide:

- A completed P638** 'Application for a Prohibited Weapon Permit' form.
- Proof of Identity** (if no other NSW firearms licence or firearms or weapons permit is held or has been held).
- Individual applicants** - A passport sized colour photo of yourself endorsed and signed on the back by a JP or serving police officer 'This is a true photo of NAME'.
- Business Applicants** - Completion of the Business Declaration
- A Genuine Reason** form with the relevant sections completed.
  - Details of the weapons type, quantity and description.
  - Evidence of your genuine reason for obtaining a permit.
  - Evidence of membership of an historical or commemorative club or society or other organisation.
  - Details of the re-enactment event, organisation, dates, location.
  - Security measures for the event, rehearsals and transportation.
- Payment of \$127 MUST accompany this application.**

**Employees** - A completed P639 for each person to be authorised by this permit AND proof of identity for each person (if no other NSW firearms licence or permit is held or has been held) AND payment of \$25 per person.

