

# FIREARMS REGISTRY



OFFICIAL

## INFORMATION ON RENEWING A FIREARMS DEALER LICENCE

This fact sheet provides information for dealers renewing their firearm licence.

### Completing your Firearm Licence Renewal

You must provide the following documentation with your renewal application:

- A completed P560 Firearms Dealer Licence Renewal form
- A completed P566 Close Associates form
- A completed Dealer Renewal Current Employees form
- A recent Safe Storage Inspection Police Event Number
- A copy of Public Liability Insurance **for retail premises only**
- If your dealership is a corporation, a completed P565 Employee Authority application form for nominated person

It is important you submit your renewal prior to the expiry of your current licence to allow the authority of your licence to continue while your renewal is being processed. If your licence expires prior to you lodging your renewal application, you will no longer be authorised to possess and use firearms. If you have firearms registered to your licence, police will be advised to seize any firearms in your possession.

### What if my dealership is a corporation?

If your dealership is a corporation, the firearms licence will be issued to the corporation. As the corporation will be the licence holder, the nominated person, who is responsible for running the business, must be issued with an employee authority. The employee authority authorises the nominated person to possess firearms belonging to the business.

### What requirements must be met for employees?

The authority of a firearms dealer extends to employees and directors of the business or corporation, ONLY if they are authorised by an 'Employee Authority' issued by the Firearms Registry.

Each employee or director who has access to or participates in the activities authorised by the dealer firearms licence, including the sale or handling of firearms or firearm parts, must hold a current Employee Authority.

### What are the requirements around safe storage?

You must provide an event number from a recent safe storage inspection. This needs to have been completed within the last 12 months. If a safe storage inspection has not been carried out within this timeframe the please contact your local police to arrange an inspection. Your application will still need to be submitted prior to the expiry of the Dealer's licence to ensure continuing authority.

### What is a Close Associate?

Close Associates are defined in Section 4B of the *Firearms Act 1996*, as persons who hold or will hold a relevant financial interest or any relevant position in the business or who is or will be entitled to exercise any relevant power in the business. Details of all close associates must be provided on the P566 Close Associates form.

Additional information on legislative and reporting requirements for dealers can be found at

[https://www.police.nsw.gov.au/online\\_services/firearms/firearms\\_dealers\\_theatrical\\_armourers\\_and\\_club\\_armourers/further\\_information](https://www.police.nsw.gov.au/online_services/firearms/firearms_dealers_theatrical_armourers_and_club_armourers/further_information)

### Where can I find more information?

The information provided in the fact sheet is for general guidance only. Applicants and licensees should familiarise themselves with the Firearms Act 1996 and the associated Regulation, which are available on the NSW Legislation website – [www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au)

Mailing: Locked Bag 5102, Parramatta NSW 2124

Tel: 1300 362 562

Interstate: 02 6670 8590

Website: [www.police.nsw.gov.au/firearms](http://www.police.nsw.gov.au/firearms)

Contact us: <https://portal.police.nsw.gov.au/s/online-firearm-applications>



www.police.nsw.gov.au

ABN 43 408 613 180

# NSW POLICE FORCE - FIREARMS REGISTRY P560

## Re-Application for a Firearms Dealer Licence

Re-application

Existing NSW Firearms Dealer Licence No

### A. BUSINESS DETAILS

Dealer / Business Name

Trading Name

Mobile Phone  Business Phone No  ABN

Email Address  ACN (if applicable)

### B. BUSINESS ADDRESS - This will be noted as the safekeeping address for all firearms

Unit No  Property Name

Street No  Street Name

Suburb  State  Postcode

### C. POSTAL ADDRESS - If the same as your business address please mark this box with an X

PO Box No  Unit Street No  /  Street Name

Suburb  State  Postcode

### D. NOMINATED PERSON DETAILS - this is the person responsible for the business

**NOTE:** If this application is for a corporation, the nominated person must also make application for an Employee Authority to be authorised to possess firearms registered to the business.

Last Name

Given Names

Date of Birth  DD  MM  YYYY  Male  Female  NSW Drivers Licence No.

Mobile Phone  Home Phone No

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

### E. POSTAL ADDRESS - If the same as your business address please mark this box with an X

PO Box No  Unit Street No  /  Street Name

Suburb  State  Postcode

### F. SAFE KEEPING INSPECTION

### EVENT NUMBER

You must have your firearms safe storage facilities inspected by police as part of your re-application. Please enter the safe storage inspection Event number provided by police here.

**G. FIREARMS TYPES** - Mark the relevant boxes with an 'X' to indicate the type of firearms in which you wish to trade.

A    B    C    D    H    Imitation Firearms

**PROHIBITED FIREARMS**

If you are requesting to be authorised for prohibited firearms, you will need to supply supporting documentation as evidence of your trade in these types of firearms. Indicate below the prohibited firearms you require for your business using the accompanying 'Schedule 1 Prohibited Firearms' FACT Sheet for full descriptions.

**You will not be authorised for the selected prohibited firearms unless you provide evidence of trade or future trade.**

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

**H. 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 firearms licence or permit or had a firearms licence or permit suspended, cancelled or revoked? YES  NO
- b) Been recorded as a registrable person or corresponding registrable person under the *Child Protection (Offenders Registration) Act 2000*? YES  NO
- c) Been subject to a firearms/weapons prohibition order? YES  NO
- d) 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? YES  NO
- e) Within the last 10 years, been convicted of an offence involving firearms or weapons, prohibited drugs/plants/prescribed restricted substances, fraud/dishonesty/stealing, terrorism, violence, assaults against law enforcement officers, robbery, organised criminal groups and recruitment, riot, affray or an offence of a sexual nature or are you presently subject to a good behaviour bond in relation to one of those offences? YES  NO
- 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, or presently subject to an Interim Apprehended Violence Order? YES  NO

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

**I. DECLARATION**

- I fully understand and can comply with the firearms safekeeping requirements of the Firearms Act 1996 and associated Regulation.
- 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.
- I declare that there has been no change in respect to the information and/or documentary evidence that was previously provided in support of this Firearms Dealers Licence (i.e Close Associates, authorised firearms).

Applicants Signature  Date

**CREDIT CARD PAYMENT** - Please debit my Credit Card for the amount of **\$500**   MasterCard  Visa Card

Card Number       Expiry Date Month  Year

Cardholder Name

Cardholder Signature  Date

**OFFICE USE ONLY**

Receipt No.  Amount **\$500.00** Date

## Notification of Close Associates of a Firearms Dealer

ABN 43 408 613 180

This form is used for notifying **close associates** on a new application for a firearms dealer licence, or a change of close associates on an existing firearms dealer licence. Any change of close associates on an existing firearms dealer licence must be notified within 7 days as prescribed by section 44(2) of the *Firearms Act 1996*.

This form must be completed and signed by the nominated person on the application or the nominated person on an existing licence and must be signed by each close associate.

**Close associates** of a firearms dealer business are defined in 4B of the *Firearms Act 1996* as any person who holds or will hold any financial interest, or is or will be entitled to exercise any relevant power (either independently or on behalf of another person) or a person who holds any relevant position in the dealership (see *FACT Sheet 'Instructions for Completing a Firearms Dealer Licence Application'* for further information).

**Close associates** are not authorised to possess or use or have access to firearms unless they also hold an "Employee Authority" issued by the Firearms Registry.

New Licence Application   
  Existing Firearms Dealer Licence   
  Licence Number

### DEALER BUSINESS DETAILS

Business Name

Trading Name

Nominated Person  Email Contact

### 1. CLOSE ASSOCIATE DETAILS

NSW Firearms Licence  
Number *(if held)*

Full Name

Residential Address

Date of Birth  DD  MM  YYYY   
 Male  Female  Drivers Licence Number

Mobile Phone  Home Phone

Email Address

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

Please mark the applicable box and describe the nature of the association of the above person with the dealership.

Relevant Financial Interest   
  Relevant Position   
  Relevant Power

### DECLARATION - to be signed by both the nominated person for the dealership and the close associate

- *I understand it is an offence to provide false and misleading information in relation to this declaration and I certify that all the information supplied above 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.*
- *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.*

Close Associate Signature  Date

Dealer Nominated Person Signature  Date

## 2. CLOSE ASSOCIATE DETAILS

NSW Firearms Licence  
Number (if held)

Full Name	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	
Date of Birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Drivers Licence Number <input type="text"/>
Mobile Phone	<input type="text"/>	Home Phone <input type="text"/>
Email Address	<input type="text"/>	

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

Please mark the applicable box and describe the nature of the association of the above person with the dealership.

Relevant Financial Interest       Relevant Position       Relevant Power

### DECLARATION - to be signed by both the nominated person for the dealership and the close associate

- *I understand it is an offence to provide false and misleading information in relation to this declaration and I certify that all the information supplied above 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.*
- *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.*

Close Associate Signature	<input type="text"/>	Date	<input type="text"/>
Dealer Nominated Person Signature	<input type="text"/>	Date	<input type="text"/>

## 3. CLOSE ASSOCIATE DETAILS

NSW Firearms Licence  
Number (if held)

Full Name	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	
Date of Birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Drivers Licence Number <input type="text"/>
Mobile Phone	<input type="text"/>	Home Phone <input type="text"/>
Email Address	<input type="text"/>	

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

Please mark the applicable box and describe the nature of the association of the above person with the dealership.

Relevant Financial Interest       Relevant Position       Relevant Power

### DECLARATION - to be signed by both the nominated person for the dealership and the close associate

- *I understand it is an offence to provide false and misleading information in relation to this declaration and I certify that all the information supplied above 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.*
- *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.*

Close Associate Signature	<input type="text"/>	Date	<input type="text"/>
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# NSW POLICE FORCE - FIREARMS REGISTRY

## Dealer Renewal - Current Employees Form

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Please provide the information required below regarding persons currently employed by your business and who require renewal of their employee authority or for new employees.

Please enter the firearms licence number if the employee holds a current firearms licence.

Please enter the employee authority number if the employee holds a current employee authority.

DEALER NAME

LICENCE No

NAME &amp; DATE OF BIRTH

POSITION

LICENCE OR  
AUTHORITY NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

DEALER SIGNATURE

DATE

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# Application for an Employee Authority for a Firearms Dealer

ABN 43 408 613 180

This form is for employees of a firearms dealer and authorises possession only of firearms while employed by the firearms dealer specified on this application and only in connection with those employment activities.

This is an interactive form. Please complete all sections, print the form, have your employer complete Section F, sign the Declaration in Section G and submit with any supporting documentation to the **Firearms Registry, Locked Bag 5102, Parramatta NSW 2124.**

Failure to complete all sections of this form and provide the required supporting documentation may result in delay or refusal of your application.

**THIS APPLICATION IS FOR A** - Please select appropriate box

New Application   
  Reapplication   
 Existing Employee Authority Number (*if held*)

**A. APPLICANT DETAILS**

Last Name    
 Given Names   
 Date of Birth    
 Gender    
 NSW Drivers Licence No.    
 Day Time Phone No   
 Mobile Phone Number    
 Email Address

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

**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**

Have you in NSW or elsewhere;	YES/NO
a) Been refused or prohibited from holding a firearms licence or permit or had a firearms licence or permit suspended, cancelled or revoked?	<input type="checkbox"/>
b) Been recorded as a registrable person or corresponding registrable person under the <i>Child Protection (Offenders Registration) Act 2000</i> ?	<input type="checkbox"/>
c) Been subject to a firearm/weapons prohibition order?	<input type="checkbox"/>
d) 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 type="checkbox"/>
e) Within the last 10 years, been convicted of an offence involving firearms or weapons, prohibited drugs/plants/, prescribed restricted substances, fraud/dishonesty/stealing, terrorism, violence, assaults against law enforcement officers, robbery, organised criminal groups and recruitment, riot, affray or an offence of a sexual nature or are you presently subject to a good behaviour bond in relation to one of these offences?	<input type="checkbox"/>
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, or presently subject to an Interim Apprehended Violence Order?	<input type="checkbox"/>

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



**E. FIREARMS SAFETY TRAINING** - to be completed by the applicant

If the employee is possessing both longarms and handguns as part of their employment duties, they must complete two approved firearms safety training courses, **one for longarms AND one for handguns**, unless they have previously completed these courses.

Certificate for approved firearms safety training course for longarms attached (*cross if not applicable*)

**AND**

Certificate for approved firearms safety training course for handguns attached (*cross if not applicable*)

**OR**

NSW Firearms Licence or Employee Authority Number

**F. EMPLOYER DETAILS & DECLARATION** - To be completed by the firearms dealer employing the applicant

Licence Number  Licence Expiry Date

Employer Name

Business Name

Business Address

I certify that the applicant is currently employed & commenced employment on: Date

I certify that the applicant **is not required to possess longarm firearms** in the course of their employment with the firearms dealership above.

I certify that the applicant **is not required to possess handguns** in the course of their employment with the firearms dealership above.

Employers Signature  Date

**G. DECLARATION** - to be completed and signed by the Applicant

- I fully understand and can comply with the firearms safekeeping requirements of the Firearms Act 1996 and associated Regulation.
- 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

**H. FEES = \$25.00** Attach a cheque or money order for \$25.00, or complete the credit card authority below.

**CREDIT CARD AUTHORITY** Please debit my credit card for **\$25.00**  Mastercard  Visa

CARD Number     Expiry Date  /

Cardholder Name (PLEASE PRINT)

Cardholder Signature  Date

**OFFICE USE ONLY**

Receipt No.  Amount **\$25.00** Date

