



OFFICE USE ONLY

Permit No.

Expiry Date

# Application For Issue Of Minor's Permit

Firearms Act 1996

## PERSONAL DETAILS

1. Surname

2. Given Names

3. Age

day month year

Date of Birth

4. Sex

Male

Female

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

Postcode

6. Postal Address (If same as home address write "as above")

Postcode

7. Telephone Number (Include STD area code)

Home

Work

Facsimile

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

Yes  go to Question 10

No  go to Question 11

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

Surname and Given Names

Reasons for changing name

.....	.....
.....	.....
.....	.....
.....	.....

## HEALTH

11. 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

12. 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

16. Have you previously applied for a minor's permit or any authority in this or any other State? *(Tick one box)*

Yes  go to Question 17

No  go to Question 18

17. State of Issue

### MINORS PERMIT IDENTIFICATION

18. Are you aged less than 14 years?

**YES** Birth certificate, Passport, Citizenship Certificate, or written statement signed by principal officer or educational institution confirming attendance (must be on letterhead).

**NO** You must supply identification totalling the required 100 points in accordance with the Financial Transaction Reports Act 1988 (please refer to information sheet). Please attach copies to your application.

### HISTORY

13. Has any offence ever been proven against you? *(Tick one box)*

Yes  Specify below *(attach extra page if necessary)*

No  go to next Question

Date	Court & Location	Offence

14. Have you ever had a restraint order issued against you? *(Tick one box)*

Yes  supply details below

No  go to next Question

15. Have you ever been refused a minor's permit? *(Tick one box)*

Yes  supply details below

No  go to next Question

### PURPOSE FOR POSSESSING OR USING A FIREARM

19. Are you aged 14 years or over (or will you be 14 in the next few weeks)?

**YES**

For what purpose do you wish to possess or use a firearm? *(tick applicable)*

Receiving instruction in the safe use of a firearm *(go to question 21)*

Target shooting on approved range/receiving instruction in the safe use of a firearm on an approved range *(go to question 20)*

**NO** Are you aged between 12 to 13 Years?

YES - You may only have a permit for target shooting on an approved range/Receiving instruction in the safe use of the firearm on an approved range *(go to question 20)*

NO - You are not eligible for a Minor's permit.

## 20. Which Approved Range/s will you be attending

Range Name	Range Location

## 21. Please indicate which category of firearm you will be possessing and using. (Tick appropriate box/s)

Category	Type of Firearm	
A	Air Rifle	
	Rimfire rifle other than self loading	<input type="checkbox"/>
	Shotgun other than pump action or self loading	<input type="checkbox"/>
	Shotgun and rimfire combinations	
B	Muzzle loading firearm	
	Centre fire rifle, other than self loading	<input type="checkbox"/>
	Shotgun and centrefire rifle combinations	
H	Pistol	<input type="checkbox"/>
	Air Pistol	<input type="checkbox"/>

## SUPERVISION AND PARENTAL PERMISSION

### 22. Please have your nominated supervisors provide their details and sign the agreement below.

*I hereby agree to supervise the applicant whilst possessing or using a firearm as permitted.* [NOTE: Supervisors must have a current firearms licence of the appropriate category]

	Supervisor 1	Supervisor 2	Supervisor 3	Supervisor 4
<b>Surname</b>				
<b>Given Names</b>				
<b>Address</b>				
<b>Signature</b>				
<b>Licence Number</b>				

**Additional supervisors must attach a letter agreeing to supervise the applicant**

### 23. Parents/s or guardian/s details and permission

*I hereby declare to the best of my knowledge and belief, all of the information given in this form is correct in every particular. The application is supported and I give my permission to the applicant to gain a minor's permit as requested.*

	Parent/Guardian	Parent/Guardian
<b>Surname</b>		
<b>Given Names</b>		
<b>Address</b>		
<b>Relationship</b>		
<b>Telephone</b>		
<b>Signature</b>		
<b>Date</b>		

#### APPLICANT'S DECLARATION

I hereby declare that to the best of my knowledge and belief, all of the information given in this form is correct in every particular

Signature of Applicant .....

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.

## RECEIVING OFFICER

**24. Has the parent/guardian signed the permission at Question 23?**

**YES**  go to next question

**NO**  do not proceed until completed

**25. Have all nominated supervisors provided their details and signed the agreement at Question 22?**

**YES**  go to next question

**NO**  do not proceed until completed

**26. Was the applicant's identification produced and satisfactory?**

**Aged 12 - 14 years**  ID proof as per Question 18 required

**Aged 14 - 18 years**  100 points identification required

**27. Genuine reason for Recreational Hunting or Vermin Control**

A document providing written authority to shoot animal or vermin as specified in that authority on a specific property from the owner or occupier of the land.

You are requested to provide the foregoing information for the purpose of completing a minor's permit application under the provisions of the Firearms Act 1996. Failure to provide all of the information requested may result in your application not being processed.

Your personal information will be used for the primary purpose for which it is collected, and will only be disclosed to members of the Department of Police, Fire and Emergency Services. Your basic personal information may be disclosed to other public sector bodies where necessary for law enforcement purposes. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the Department of Police, Fire and Emergency Services. You may be charged a fee for this service.