+

NSW POLICE FORCE - FIREARMS REGISTRY

P650

Declaration - Person shooting on an Approved Range or

ABN 43 408 613 180

undertaking a Firearms Safety Training Course

This form must be completed by all unlicensed persons before they can possess and use firearms in accordance with the NSW *Firearms Act 1996* and Regulation. Return the form to the club or range official or the instructor upon completion.

A. PERSONAL DETAILS	
If this application is for a minor (12 - 18 yrs), the minor completes their details	s and must record their parent/guardian's photo ID details.
Name	
Address	
Date of Birth DD Male Female Drivers Licence or Passport No.	
Type of Photo ID	Photo ID Number
Alias - If you have been known by another name, please provide details below (Last Name, Given Names) & contact phone number	
	Phone Number
B. 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 has suspended, cancelled or revoked?	ad a firearms licence or permit YES NO NO
b) Are you currently subject to a Good Behaviour Bond or Interim Apprehen	
c) Are you currently or have you previously been subject to a Firearms or We	rapons Prohibition Order? YES NO
d) Are you suffering from any mental illness or other disorder that may prevent you from using a firearm safely? YES NO	
e) Been convicted within the last 10 years of an offence involving: firearms or weapons; prohibited drugs; robbery; violence or terrorism; or an offence of a sexual nature?	
f) Within the last 10 years been the subject of a family law or Domestic Violence Order or an Apprehended YES NO Violence Order (other than an order which was revoked)? IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU ARE INELIGIBLE TO PARTICIPATE IN SHOOTING ACTIVITIES INVOLVING THE POSSESSION AND USE OF FIREARMS.	
C. DECLARATION	ose of Thermis.
I understand that it is a serious offence under the <i>Firearms Act 1996</i> to make a statement or provide information that I know is false or misleading & I certify that all the information contained in this declaration 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.	
Applicants Signature	Date
D. MINORS (12 - 18 years of age) - TO BE COMPLETED BY PARENT / LEGAL GUARDIAN	
I give consent for the person named in this Declaration (the Minor) to participate	in shooting activities involving the possession and use of firearms.
Parent/Guardian Signature	Date
NOTE: The parent/legal guardian must supply photographic proof of identity to the range/club official or firearms instructor. The range/club official or instructor must be satisfied that this requirement has been met.	
E. CERTIFICATION BY CLUB/RANGE OFFICIAL OR INSTRUCTOR - OFFICIAL/INSTRUCTOR USE ONLY	
The above name person is: Authorised to shoot Not authorised to shoot	
Signature	Date
Club/Range Official or Instructor Name	Instructor Approval No
Club Name	Club/Range