



www.police.nsw.gov.au
ABN 43 408 613 180

NSW POLICE FORCE

FIREARMS REGISTRY

P650

Declaration - Person shooting on an Approved Range or 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 and must record their parent/guardian's photo ID details.

Name

Address

Date of Birth 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) and contact phone number

Phone Number

B. PERSONAL HISTORY - You MUST complete this section - Mark 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| <hr/> | | |
| b) Been the subject of a Firearms Prohibition Order? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <hr/> | | |
| c) Within the last 10 years been convicted of an offence involving firearms, weapons, prohibited drugs, robbery, violence, terrorism or an offence of a sexual nature? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <hr/> | | |
| d) Within the last 10 years been the subject of a Family Law or Domestic Violence Order or an Apprehended Violence Order (other than an order that was revoked)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <hr/> | | |
| e) Ever attempted suicide or self harm? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <hr/> | | |
| f) In the past 12 months been treated or referred for treatment for alcoholism, drug dependence or a mental illness within the meaning of the <i>Mental Health Act 2007</i> or as a mentally disordered person within the meaning of that Act? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <hr/> | | |
| g) Currently subject to a Good Behaviour Bond? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <hr/> | | |
| h) Currently subject to an Interim Apprehended Violence Order? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <hr/> | | |
| i) Currently suffering from any mental illness or other disorder that may prevent you from using a firearm safely? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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.

PLEASE TURN OVER FOR DECLARATION AND CLUB CERTIFICATION

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C. 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 and 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 named person is:

Authorised to shoot

☐

Not authorised to shoot

☐

Signature

Date

Club/Range Official
or Instructor NameInstructor
Approval No

Club Name

Club/Range
Approval No

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