



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 | | | | Email: | | | | | |
| Address | | | | Suburb: | | | | | |
| | | | | Postcode: | | | | | |
| Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Drivers Licence or Passport No. | <input type="text"/> |
| Type of Photo ID | <input type="text"/> | | | Photo ID Number | <input type="text"/> | | | | |

Alias - If you have been known by another name, please provide details below (Last Name, Given Names) and contact phone number

| | | |
|----------------------|--------------|----------------------|
| <input type="text"/> | Phone Number | <input type="text"/> |
|----------------------|--------------|----------------------|

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 NO
- b) Been the subject of a Firearms Prohibition Order? YES NO
- 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 NO
- 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been the subject of a Family Law or Domestic Violence Order or an Apprehended Violence Order (other than an order that was revoked)?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 NO
- e) Ever attempted suicide or self harm? YES NO
- 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 *Mental Health Act 2007* or as a mentally disordered person within the meaning of that Act? YES NO
- g) Currently subject to a Good Behaviour Bond? YES NO
- h) Currently subject to an Interim Apprehended Violence Order? YES NO
- i) Currently suffering from any mental illness or other disorder that may prevent you from using a firearm safely? YES NO

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 Name

SUZANNE BALOGH /

Instructor
Approval No

Club Name

CECIL PARK CLAY TARGET CLUB

Club/Range
Approval No

405 758 830