

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										
	Phone Number									
Date of Birt	h DD MM YYYY Male Female Driver Licence or Passport No.									
Type of Photo ID	Photo ID Number									
Previous / other known names - If you have been known by another name, please provide details (Last Name, Given Names)										
B. PERSO	DNAL HISTORY - You MUST complete this section - Mark X in one box for each question									
Have you ir	NSW or elsewhere;									
a) Been ref permit s	YES	NO 🗌								
b) Been th	YES	NO 🗌								
c) Within t robbery	YES	NO 🗌								
d) Within t Appreh	YES	NO 🗌								
e) Ever atte	YES	NO 🗌								
f) In the pa a menta person v	YES 🗌	NO 🗌								
g) Currentl	y subject to a Good Behaviour Bond?	YES	NO 🗌							
h) Currentl	Currently subject to an Interim Apprehended Violence Order?									
	Currently suffering from any mental illness or other disorder that may prevent you from using a firearm safely?									
	IF YOU ANSWERED YES TO OUESTION (a) SPEAK DIRECTLY TO A CLUB REPRESENT.	ATIVE								

PLEASE TURN OVER FOR DECLARATION AND CLUB CERTIFICATION

IF YOU ANSWERED YES TO QUESTIONS (b) - (i) YOU ARE INELIGIBLE TO PARTICIPATE IN SHOOTING ACTIVITIES INVOLVING THE POSSESSION AND USE OF FIREARMS.



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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.

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Applicant's Signature					Date			
D. MINORS (12 - 1	B years of a	ge) - TO BE COMP	LETED BY PAR	ENT / LEG	AL GUARDIA	N		
I give consent for the pouse of firearms.	rson named?	in this Declaration	(the Minor) to po	articipate i	n shooting ac	tivities invol	ving the poss	ession and
Parent/Guardian Sign	ature				Date			
NOTE: The parent/leg The range/club	•	must supply photo estructor must be s					l or firearms	instructor.
E. CERTIFICATION The above named pe		B/RANGE OFFIC Authorised t			R - OFFICIA ot authorise		UCTOR US	E ONLY
Signature					Date			
Club/Range Official or Instructor Name								
Club Name				C	ub/Range			