**This form is for Pest Control Business Owners or Contractors applying for a prohibited firearm/magazine endorsement under section 4A(1)(f-i) of the Arms Act 1983.**

**Note that all sections of this form must be completed for Police to assess this application.**

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| **Section A - Personal Information** |
| You need to provide a minimum of your Name AND either your Firearms Licence number OR Driver Licence number. If you do not have a Firearms Licence or Driver Licence, then all other fields must be filled in. |
| Name: |       |
| Firearms Licence No: |       |
| Driver Licence No: |       |
| Date of Birth: | Click or tap to enter a date. |
| Home Address: |       |
| Business Address: |       |
| Mobile Phone: |       | Home Phone: |       |
| Email Address: |       |

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| **Section B – Referees** |
| You need to provide three referees who can attest to your character and fitness to handle, use and possess prohibited firearms and magazines. They need to be available for an in-person interview. **Referee 1 must be your spouse/partner or next of kin.**Police need this information about your referee to identify them, verify their information and get in contact with them.You only need to provide your referee’s Name, a phone number and either a Firearms Licence number or Driver Licence Number. If your referee does not have a Firearms Licence or Driver Licence, then all other fields must be filled in. Ensure you have consent from your referees before providing this information. |
| **Referee 1:** *Spouse/Partner or Next of Kin (usually the person lives with you)* |
| Name: |       |
| Mobile Phone: |       | Home Phone: |       |
| Firearms Licence No: |       |
| Driver Licence No: |       |
| *The following information for referee 1 is only required if the referee does not have a Firearms or Driver Licence number.* |
| Date of Birth: | Click or tap to enter a date. |
| Address: |       |
| Email Address: |       |
| Relationship to Applicant: |       |
| **Referee 2:** Should have a current pest control prohibited firearm endorsement (providing they are not your employee) or have held an E-Endorsement (as of 12th April 2019). |
| Name: |       |
| Mobile Phone: |       | Home Phone: |       |
| Firearms Licence No: |       |
| Driver Licence No: |       |
| *The following information for referee 2 is only required if the referee does not have a Firearms or Driver Licence number.* |
| Date of Birth: | Click or tap to enter a date. |
| Address: |       |
| Email Address: |       |
| Relationship to Applicant: |       |
| **Referee 3:** A person who is 20 years or older, not related to you, but knows you well and can demonstrate long term experience with firearms. |
| Name: |       |
| Home Phone: |       | Mobile Phone: |       |
| Firearms Licence No: |       |
| Driver Licence No: |       |
| *The following information for referee 3 is only required if the referee does not have a Firearms or Driver Licence number.* |
| Date of Birth: | Click or tap to enter a date. |
| Address: |       |
| Email Address: |       |
| Relationship to Applicant: |       |

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| **Section C - Business Information** |
| Name of Business: |       |
| NZBN: (If applicable) |       |
| Which of these activities in accordance with the Arms Act 1983, do you:1. already have written contracts or agreements for and are carrying out, and/or

are currently negotiating to obtain written contracts or agreements for, to carry out in the near future requiring use of Prohibited firearms?(Choose all that apply)  |
| Section 4A (f) - A person who is employed or engaged by the Department of Conservation and involved in operations for the purpose of control wild animals or animal pests. (In accordance with the Wildlife Act 1953, the Wild Animal Control Act 1977, the Conservation Act 1987, or the Biosecurity Act 1993).  |[ ]
| Section 4A (g) - A person who is the holder of a concession granted by the Minister of Conservation to undertake wild animal recovery operations (In accordance with the Wildlife Act 1953, the Wild Animal Control Act 1977, the Conservation Act 1987, or the Biosecurity Act 1993). |[ ]
| Section 4A (h) - A person who is employed or engaged by a management agency as defined in section 100 of the Biosecurity Act 1993 and involved in operations for the purpose of controlling wild animals or animal pests in accordance with that Act. |[ ]
| Section 4A (i) - A person whose sole business, or a substantial part of whose business, is providing services to control any prescribed wild animals or animal pests, or a person employed or engaged by that person for that purpose. Prescribed animals are wild deer, chamois, tahr, wild pigs, wild goats, wallaby, feral rabbit, feral hare, and Canada geese. |[ ]
| Other (Specify).      |[ ]

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| Describe the activities of your business. |
|       |
| Which animal types are you dealing with? Is your work ground based or aerial based? (Tick all that apply) |
|  | Ground based | Aerial based |
| Wild deer |[ ] [ ]
| Chamois or tahr  |[ ] [ ]
| Wild pigs |[ ] [ ]
| Wild goats |[ ] [ ]
| Feral rabbit or hare |[ ] [ ]
| Canada geese  |[ ] [ ]
| Other (Specify)      |[ ] [ ]
| Year Business Started: |       |
| Has it been in continuous operation since then? | Yes |[ ]  No |[ ]   |
| If No, please explain. |
|       |
| Approximately what percentage of your income is derived from this business.(Please provide supporting evidence – i.e. a letter from your chartered accountant) |       | % |
| Describe the number of employees (not contractor to you) and the types of work they carry out.  |
|       |

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| What company assets do you use or own to deliver pest control services?(Describe major assets such as vehicles, helicopters, plant, equipment and premises) |
| **Item Description**(Attach additional items if necessary) | **Number of items** (If applicable) | **Lease**(Tick) | **Own**(Tick) |
|       |       |[ ] [ ]
|       |       |[ ] [ ]
|       |       |[ ] [ ]
|       |       |[ ] [ ]
|       |       |[ ] [ ]
|       |       |[ ] [ ]
| Indicate the areas you currently deliver, or intend to deliver, pest control services into. Please supply documentary evidence covering work in such regions.(Tick one or more of the following) |
| Northland |[ ]  Hawke’s Bay |[ ]  Marlborough |[ ]
| Auckland |[ ]  Taranaki |[ ]  West Coast |[ ]
| Waikato |[ ]  Manawatu-Wanganui  |[ ]  Canterbury |[ ]
| Bay of Plenty |[ ]  Wellington  |[ ]  Otago |[ ]
| Gisborne |[ ]  Tasman/Nelson |[ ]  Southland |[ ]

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| **Section D – Employees** |
| Every person intending to possess and use prohibited firearms and magazines must have an appropriate endorsement and a permit to possess. List all employees (not contractors) who have, or you intend to have possession and/or use of your prohibited firearms and magazines. |
| Name: |       |
| Role at the company (e.g. shooter, driver): |       |
| Firearms Licence No: |       |
| Name: |       |
| Role at the company (e.g. shooter, driver): |       |
| Firearms Licence No: |       |
| Name: |       |
| Role at the company (e.g. shooter, driver): |       |
| Firearms Licence No: |       |
| Name: |       |
| Role at the company (e.g. shooter, driver): |       |
| Firearms Licence No: |       |
| Name: |       |
| Role at the company (e.g. shooter, driver): |       |
| Firearms Licence No: |       |
| Name: |       |
| Role at the company (e.g. shooter, driver): |       |
| Firearms Licence No: |       |

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| **Section E - Contractors** |
| List all sole traders or contractors you have hired that will handle any prohibited firearm or magazine. Attach details of others if necessary. Please note that contractors or those working for themselves will be required to fill out their own application form. |
| Name: |       |
| Business Address: |       |
| Tasks to be undertaken |       |
| Firearms Licence No: |       |
| Name: |       |
| Business Address: |       |
| Tasks to be undertaken |       |
| Firearms Licence No: |       |
| Name: |       |
| Business Address: |       |
| Tasks to be undertaken |       |
| Firearms Licence No: |       |
| Name: |       |
| Business Address: |       |
| Tasks to be undertaken |       |
| Firearms Licence No: |       |

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| **Section F –Prohibited Firearms Experience** |
| Describe your experience in conducting wild animal pest control and/or recovery. |
|       |
| Describe your experience in handling firearms, with particular reference to prohibited firearms. |
|       |
| Tick which prohibited firearms you intend to use for each animal type. Leave blank if not applicable. |
|  | Prohibited shotgun(Tick if intending to use) | Prohibited centre fire rifle(Tick if intending to use) |
| Wild deer |[ ] [ ]
| Chamois or tahr  |[ ] [ ]
| Wild pigs |[ ] [ ]
| Wild goats |[ ] [ ]
| Feral rabbit or hare |[ ] [ ]
| Canada geese  |[ ] [ ]
| Other (Specify)      |[ ] [ ]
| Describe why no other firearm type is suitable for your business to use. |
|       |

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| **If you have already been engaged to carry out animal pest control or wild animal recovery, provide details of each agency, authority or primary producer that has engaged you and supporting evidence (e.g. contracts, concessions etc.). Attach details of additional engagements if necessary.** |
| **Section G - Current engagements to carry out animal pest control or wild animal recovery** |
| **Engagement 1.** |
| Name of agency, authority or primary producer: |       |
| Contact Person: |       |
| Contact’s Job Title: |       | Contact’s Phone |       |
| Contact’s Email: |       |
| Describe the nature of the work, location(s) and duration. |
|       |
| Describe why prohibited firearms are necessary to carry out this work and indicate why other types of firearms are unsuitable. |
|       |
| **Please attach documentary evidence from the agency, authority or primary producer that shows that you have been engaged.** |

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| **Engagement 2.** |
| Name of agency, authority or primary producer: |       |
| Contact Person: |       |
| Contact’s Job Title: |       | Contact’s Phone |       |
| Contact’s Email: |       |
| Describe the nature of the work, location(s) and duration. |
|       |
| Describe why prohibited firearms are necessary to carry out this work and indicate why other types of firearms are unsuitable. |
|       |
| **Please attach documentary evidence from the agency, authority or primary producer that shows that you have been engaged.** |

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| **Engagement 3.** |
| Name of agency, authority or primary producer: |       |
| Contact Person: |       |
| Contact’s Job Title: |       | Contact’s Phone |       |
| Contact’s Email: |       |
| Describe the nature of the work, location(s) and duration. |
|       |
| Describe why prohibited firearms are necessary to carry out this work, and indicate why other types of firearms are unsuitable. |
|       |
| **Please attach documentary evidence from the agency, authority or primary producer that shows that you have been engaged.** |

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| **If you intend to seek engagements to carry out animal pest control or wild animal recovery, provide details of your intentions.** |
| **Section H – Future intentions to carry out animal pest control or wild animal recovery** |
| Describe the animal pest control or wild animal recovery services you intend to offer and the intended locations. |
|       |
| Describe the intended customers and include reference to any contracts or offers you are considering.(Please provide supporting documentary evidence) |
|       |
| Approximately what percentage of your income will be derived from this future business.(Please provide supporting evidence) |       | % |
| Describe why prohibited firearms are necessary to carry out this work and indicate why other types of firearms are unsuitable. |
|       |

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| **Section I – Security arrangements**  |
| When not in use, prohibited firearms and prohibited magazines are required to be safely and securely stored in a security arrangement meeting Arms Regulation 28 criteria. Describe how the firearms security arrangements at the business address match Regulation 28. *(e.g. construction of secure storage, external security measures, alarm system, etc.).** Include information about racks, cabinets or strong room, access and locks
* Indicate the number and types of firearms currently held there (if applicable).
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|       |
| * When prohibited firearms are taken out of their normal security and in physical possession of the endorsement holder, describe security arrangements to be taken ‘on site’ during pauses in pest control activities. Include information about racks, cabinets or strong room, access and locks.
* Indicate the number and types of firearms currently held there (if applicable).
 |
|       |
| Describe the security arrangements you will have in place for transporting prohibited firearms.*Please note that prohibited firearms and magazines can only be transported by a prohibited firearms endorsement holder with the relevant permit to possess.* |
|       |

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| Please provide names and dates of birth of all persons, including children, who may have free or unsupervised access to the address at which your prohibited firearms are, or intended to be, stored. |
| **Name** | **Date of Birth** |
|                                | Click or tap to enter a date.Click or tap to enter a date.Click or tap to enter a date.Click or tap to enter a date.Click or tap to enter a date.Click or tap to enter a date. |
| Describe the arrangements you have made for training your staff and ensuring their ongoing competence. Include information about health and safety, security, range training and testing/sighting. |
|       |

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| **Section J – Declaration** |
| *The information provided is collected for the purpose of administration of the Arms Act 1983. NZ Police will hold, store, use or disclose the personal information collected in accordance with the provisions of the Privacy Act 2020. This means that, where necessary, NZ Police may use or disclose your personal information to enable it to carry out its lawful functions, including prevention, detection, investigation and prosecution of offences. Please refer to the How we manage personal information section of the Police website for more information.* |
| **Please read the following statements and show your acceptance by ticking each box** |
| I declare that I have a genuine need to possess prohibited items in my capacity as a Pest Control business because I cannot effectively achieve the purpose of controlling wild animals or animal pests by using a non-prohibited firearm and/or non-prohibited magazine. |[ ]
| I declare that the information I have supplied for this application is true and correct. I understand that it is an offence to intentionally supply incorrect particulars or misleading details. |[ ]
| I consent to the Police making inquiries into my fitness to possess prohibited firearms and authorise any person or organisation approached by the Police in this matter to release or disclose all relevant information. |[ ]
| If you have printed / handwritten this form, please sign below.**Signature** |  | **Date** |  |