**This form is for employees applying for a prohibited firearm/magazine endorsement under section 4A(1)(j) 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’s 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: |  | | |

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| **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: |  | | |

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| **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: |  | | |
| Mobile Phone: |  | Home 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 – Employer Information** | | | |
| Who has employed you to carry out work, including pest control work? Attach details of others if necessary. | | | |
| Name of Business: |  | | |
| Type of Business: | Agricultural | Horticultural | Silvicultural |
| Employer: |  | Employer’s Job Title: |  |
| Employer’s Email: |  | Employer’s Phone: |  |
| Location: |  | | |

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| **Section D – Pest control Information** | | |
| 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 |  |  |
| Wallabies |  |  |

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| Please attach the property pest management plan for the business.  If you are, or someone else in the business is, currently establishing a property pest management plan, please outline below the steps taken to establish this plan, e.g. pest animal counts and estimates, advisers engaged. | | | |
|  | | | |
| Please attach expert evidence regarding the pest animal issues affecting the business. Expert evidence can come from:   * Farm advisers * Regional Council Biosecurity Officers * Landcare Trust representatives * National Queen Elizabeth II Trust * Other expert sources | | | |
| What assets are used to deliver pest control services on the business property?  (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) |
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| **Section E – Employment Information and Work Experience** | | | |
| Please provide the following information about your employment and duties. | | | |
| Job Title: |  | | |
| Commencement Date: | Click or tap to enter a date. | | |
| Nature of Employment  (tick Applicable) | | Permanent Full Time |  |
| Permanent Part-Time |  |
| Fixed Term (specify period) |  |
| Casual/Temporary |  |

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| What are your primary duties and work you undertake for your employer? | | |
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| Describe your pest and/or wild animal control tasks your employer requires you to undertake. | | |
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| Approximately what percentage of your time is intended to be spent on animal control work? |  | % |

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| **Section F – Prohibited Firearms Experience** | | |
| Describe your experience in conducting wild animal pest control and/or recovery. | | |
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| Describe your experience in handling firearms, with particular reference to prohibited firearms. | | |
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| 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 |  |  |
| Wallabies |  |  |
| Describe why no other firearm type is suitable for your business to use. | | |
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| **Section G – Prohibited Firearms** | | | | | |
| List all prohibited firearms you intend to purchase for business purposes. There is no need to list existing prohibited firearms you are already authorised to possess. | | | | | |
| **Type**  (Rifle, Shotgun) | **Make**  (if known) | **Model**  (if known) | **Action** | **Calibre** | **Serial number**  (if known) |
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| **Section H – Prohibited Magazines and Parts** | | | | |
| List all magazines you intend to purchase for business purposes. There is no need to list existing prohibited magazines and parts you are already authorised to possess.  Once magazines come into possession serial numbers are to be generated by the applicant and stamped or engraved onto the magazine (e.g. YOURINTITALS001, YOURINITIALS002). The applicant then has to advise NZ Police of these serial numbers. | | | | |
| **Which of the business’ firearms does this magazine fit?** | **Make – Magazine**  (if known) | **Model – Magazine**  (if known) | **Magazine Capacity** | **Calibre** |
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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). |
|  |
| 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). |
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| 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 the prohibited items detailed in this form. It is appropriate that I possess these prohibited items in my capacity as a business employee 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** |  | |

**APPENDIX A- TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER**

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| **Section A – Employer Personal Information** | | | |
| Name: |  | Date of Birth: | Click or tap to enter a date. |
| Job Title: |  | | |
| Business Phone: |  | Mobile Phone: |  |
| Email Address |  | | |

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| **Section B – 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 Agree** |
| I have read the details provided by my employee *(name):*  I have checked my company records and confirm that the details provided are true and correct. I understand that is an offence to intentionally supply incorrect particulars or misleading details. | | | |  |
| I confirm that the operations for the purposes of controlling wild animals and animal pests that the applicant is involved in are in accordance with the one or more of the following Acts (Wildlife Act 1953, Wild Animal Control Act 1977, The Conservation Act 1987 or the Biosecurity Act 1993) | | | |  |
| If you have printed / handwritten this form, please sign below.  **Signature** |  | **Date** |  | |