

Notification of Possession of Prohibited Ammunition – Collector/Museum

Please read section 28Y(1) of the Arms Regulations 1992 for specific information on who may possess prohibited ammunition.
Please read section 28Y(5) of the Arms Regulations 1992 for information relating to the definition of small arms.

Date of application

Licence holder details

You may attach additional pages with this application if there is insufficient room.

Last name	<input type="text"/>	First name(s)	<input type="text"/>		
Address	<input type="text"/>	Phone (Home)	Area code/prefix	Number	
		Phone (Work)	Area code/prefix	Number	
Email	<input type="text"/>	Firearms licence number	<input type="text"/>	Expiry date	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

I am notifying Police of my possession of prohibited ammunition that is manufactured for small arms.

I am a: director or curator of a bona fide museum bona fide collector of ammunition

Prohibited ammunition

Provide information on the size and theme of your collection and the types of prohibited ammunition it contains. (If possible, attach photos)

List all the prohibited ammunition types you possess. (Attach another page if necessary)

Number of boxes	Number of rounds	Manufacturer	Description <small>(as described in the Arms (Prohibited Ammunition) Order 2019)</small>	Calibre or calibre range

List of organisations that you belong to (e.g. New Zealand Antique and Historical Arms Association or New Zealand Cartridge Collectors Club)

1. <input type="text"/>	3. <input type="text"/>
2. <input type="text"/>	4. <input type="text"/>

Security

When in possession of any prohibited ammunition where will it be stored?

Pre-approved security: At the following location in endorsed firearm security that has been inspected and approved by Police:

Address:

Approval required: I request Police to inspect and approve my security precautions located at:

Address:

Who controls this security location?

Name Firearms licence No.

Strong room **OR** Room of stout and secure construction **AND/OR** Locked in: Steel cabinet Steel box Safe

Privacy Statement

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 Police website for more information.

End User Statement

I declare that the information I have supplied for this application is true and correct. I consent to the Police making enquiries into my fitness to possess prohibited ammunition and authorise any person or organisation named by me in this application "including attachments" to release or disclose all relevant information to Police.

Signature

Once completed, submit this form to PermitFirearms@police.govt.nz, deliver to your local Police station, or post to Arms Act Service Delivery Group, PO Box 722, Paraparaumu, Kapiti 5032.