

# New Zealand Firearms Licence Application Form

## Section 23, Arms Act 1983

This application form is for all applicants for a New Zealand firearms licence (except visitors to New Zealand) whether you have previously held a firearms licence or not.

### Who can apply

To apply for a firearms licence you need to meet the following criteria:

- » You are sixteen years of age or older; and
- » You have not had a firearms licence revoked in the previous 5 years (or, if you have, the revocation was reversed by the District Court); and
- » You are not a disqualified person under section 22H of the Arms Act 1983
  - › A disqualified person has, within the previous 10 years, been convicted, or been released from custody after being convicted, of certain offences, or had a final protection order made against them; unless Schedule 1, Part 2, clause 10 of the Arms Act 1983 applies.

### What you need to do

Did you know you can now complete your application online at **MyFirearms**? MyFirearms is our new secure online portal where you can **apply and pay** for your licensing and most endorsements online. You can even save your application and complete it later. Visit [www.firearmssafetyauthority.govt.nz](http://www.firearmssafetyauthority.govt.nz) to find out more. Need help? Call the Registry and Services Team on **0800 844 431 / 09 302 6500**.

Please ensure you read the following carefully before you begin your application for a firearms licence. An incomplete form will cause delays in processing your application.

#### 1. Complete the application form

**Download the form to your computer** or device and enter the information requested.

**IMPORTANT NOTE: Do not use an Internet browser or Apple's Preview application to open this form. Please save the form to your device and open it using Adobe Acrobat Reader. If the form is completed using a browser, the entered information may be lost if you click on the 'back' button or if you try to save it.**

Print out and sign the completed form, or print out a blank form and handwrite your responses. Your printed application, with supporting documents, can be submitted to Police at your local Police station or by posting to Kapiti Digital Services Centre, PO Box 722, Paraparaumu 5032.

#### 2. Pay the fee

- » Pay the non-refundable application fee at a New Zealand PostShop and keep a receipt to include with your application. If you are using the New Zealand PostShop locator, filter using the 'Pay a Bill' option after indicating your location. Note that Post Centres do not receive payments.

#### 3. Get the required documents

- » To submit a printed application form at a Police station or by post, you'll need to include:
  - a. copy of the PostShop receipt of your application fee
  - b. two identical passport style photos (see the Proof of Identity - *Photographs* section of this application form)
  - c. copies of the documents that prove your identity (see the Proof of Identity section of this application form) and a document confirming your current residential address
  - d. scanned copies or photos of other required documents, such as a medical certificate, criminal record check(s) (if required) or other documents as indicated in the application form.

#### 4. Submit your application to Police

- » Submit your printed application and documents at your nearest ***Police station*** or post it to Kapiti Digital Services Centre, PO Box 722, Paraparaumu 5032.

### What you will need to apply

#### For your application to be considered, you will need to:

- » supply names and contact details for referees who will be interviewed by Police as to your suitability to possess or use firearms
- » have secure firearms storage facilities at your home address.

#### In your application, you will need to be able to:

- » supply names and contact details for referees who will be interviewed by Police as to your suitability to possess or use firearms
- » provide the name and email address of your primary health care provider, so that Police can notify them that you have a firearms licence, if your application is successful
- » provide details of people who live at, work at, or may have free or unsupervised access to, the premises where you intend to store firearms.

**If you need more space** than that provided in each section of the application form, record the information in the space provided near the end of the form, noting the relevant section reference. If you need to attach documents or additional information to your application, please include your full name (and firearms licence number if you already have one) with each attachment.

**If you need help completing this application form**, please call the Registry and Services Team on **0800 844 431 / 09 302 6500**. Additional information is available on our website [www.firearmssafetyauthority.govt.nz](http://www.firearmssafetyauthority.govt.nz).

### What happens next

Once your application has been received, Police will perform further checks in order to assess whether you are fit and proper to possess firearms or airguns.

A **fit and proper person** is a person of good character who can be trusted to possess and use firearms responsibly and to store them securely. When assessing whether you are a fit and proper person to possess firearms, Police will consider your overall character and history including information provided by you and your referees, as well as other information held or obtained by Police.

Police will ask your referees to fill out a questionnaire and then interview them.

#### You will need to:

- » attend a course on firearms safety, if you are a first time applicant for a firearms licence or as instructed by Police
- » complete a multi-choice safety test (based on the ***Arms Code***) at your interview if you hold a firearms licence and are applying for a new one before the current one expires
- » attend an in person interview with Police to discuss your application and determine that you are a fit and proper person to possess firearms
- » be available to allow Police to inspect your firearms storage facilities, such as a gun safe or strong room.

**NOTE:** Applying for or renewing a firearms licence or an endorsement is an activating circumstance. If this is your first activating circumstance, you are required to register all firearms in your personal possession, or declare you possess no firearms, within 30 days. You can do this online in MyFirearms or by calling the Registry and Services Team on **0800 844 431**.

Find out more about the Registry at [firearmssafetyauthority.govt.nz/registry](http://firearmssafetyauthority.govt.nz/registry).

## Proof of identity

### Identity documentation

You must provide documentation to prove your identity. You can choose to prove your identity with one of the following **two** options.

#### Option 1

Provide the following photo identification

- New Zealand firearms licence, current or expired within 12 months

#### PLUS

- Proof of address dated within the last 3 months (e.g. bank statement, utilities bill, electoral roll, etc).  
*This can be a scan/digital photo/screenshot of a paper or electronic document with your name and address on it.*

### OR

#### Option 2

Provide one (1) of the following photo identification:

- New Zealand passport
- Overseas passport
- New Zealand driver licence
- Police identity card
- New Zealand Defence Force photo identification
- Kiwi Access card (18+ Card)
- Identity document issued by New Zealand government

#### PLUS

- Proof of address dated within the last 3 months (e.g. bank statement, utilities bill, electoral roll, etc).  
*This can be a scan/digital photo/screenshot of a paper or electronic document with your name and address on it.*

**AND** provide one (1) of the following identification:

- Birth certificate
- Citizenship certificate
- Permanent resident document
- Identity document issued by secondary or tertiary institution
- Card issued by a New Zealand bank with your full name and signature
- Educational records or certificates
- Professional or trade association membership certificate
- Other: Please write the other type of identification you will use to prove your identity in the space below.

**Note:** If you are 16 or 17 years of age and cannot provide the required identification, a parent or guardian may provide a written declaration to support your application.

All forms of identification must be current, or as otherwise stated.

If you cannot meet the above identification requirements, please call the Police non-emergency 105 number to discuss your application.

**Please attach copies of the original documents to your application. Do not send original documents.**

The original proof of identity documents will be sighted at the time of your interview, where the copies provided will be endorsed as authentic copies of the originals.

## Photograph

You need to obtain identical, good quality photographs to include in your application that are a good likeness of yourself.

The photographs must meet the minimum requirements as set out in Regulation 30 of the Arms Regulations 1992.

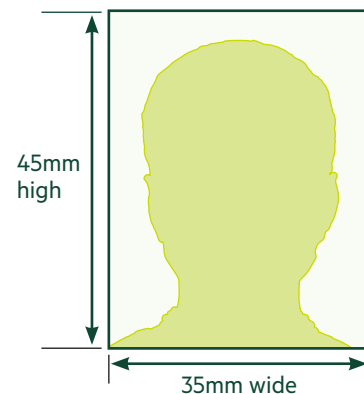
The photos must:

- » have been taken within 12 months prior to the submission of your application
- » be a full front view of your face, head, and shoulders with the head filling most of the photograph
- » be of you without a hat or head covering (except where your religion requires you to wear a hat or head covering)
- » have a plain, light-coloured background
- » be colour photographs.

Photographs on printed photographic paper, delivered or supplied by post, must be:

- » provided as two identical photos on good quality paper and measure 45mm x 35mm untrimmed.

**Note:** Photographs that do not meet these standards will not be accepted. A scanned copy of a photograph is not acceptable. Passport photos from commercial outlets will typically meet these requirements. If submitting a printed application, do not attach the photos to the form with paper clips or staples.



## Fees

The fee for a firearms licence is dependent on whether you have previously held a firearms licence or not and if that previous licence has expired or not. For information on current fees, go to the [Te Tari Pūreke firearms licence application web page](#).

## Licence duration

The duration of a firearms licence is five (5) or 10 years, depending on the circumstances of your application, as indicated in **Section A1 – Licence information**.

- » If you've never had a firearms licence, the duration is 5 years.
- » If you hold a firearms licence and apply for a new one before it expires, the duration is 10 years.
- » If you allow your firearms licence to expire without applying for a new licence before the expiry date, the duration is 5 years.
- » If your previous firearms licence was revoked or surrendered, the duration is 5 years.

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# New Zealand Firearms Licence Application Form

**Please answer all questions in full or as not applicable ('n/a'). Incomplete answers may delay the processing of your application.**

Please write legibly if completing by hand.

## Privacy Statement

The information provided is collected for the purpose of administration of the Arms Act 1983. New Zealand 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, 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.

## Section A

### Section A1: Licence information

- A.1. I have never had a firearms licence
- A.2. I have previously been refused a firearms licence
- A.3. I have a current firearms licence
- A.4. Firearms licence number
- A.5. List endorsements currently held   
*If you wish to reapply for your endorsement(s), please complete section A2 and attach the relevant form. **You must attach a completed endorsement application form for your current endorsement to be renewed as part of this application.** Endorsement forms can be downloaded from [firearmssafetyauthority.govt.nz](http://firearmssafetyauthority.govt.nz)*
- A.6. My firearms licence has expired
- A.7. My firearms licence has been revoked
- A.8. I surrendered my firearms licence

### Section A2: Applying for an endorsement

- As the holder of, or applicant for, a firearms licence, I am **also** submitting an application for an endorsement as a: *Select all that apply*
- A.9. Member of a recognised pistol target shooting club (pistols only - complete form: [FRM29TS](#))
- A.10. Bona fide collector of firearms (complete form: [FRM29CP](#))
- A.11. Holder of an heirloom or memento (complete form: [FRM29HP](#))
- A.12. Employee or member of a broadcaster or bona fide theatrical organisation or film, television, or video production company (complete form [FRM29TP](#))
- A.13. Dealer employee (complete form: [FRM29DE](#))
- A.14. Pest Controller endorsements (*prohibited firearms and/or prohibited magazines only*)  
 Complete the appropriate application form available at <https://www.firearmssafetyauthority.govt.nz/tools-application-forms> or apply and pay online through MyFirearms. See <https://www.firearmssafetyauthority.govt.nz> to find out how.

### Section A3: Applying for recognition

As the holder of, or an applicant for, a firearms licence, I am **also** applying for recognition by Police as a person who:

- A.15. may possess prohibited ammunition - Collector / Museum. You need to complete the application form: [FRM28YC](#)
- A.16. may possess prohibited ammunition - Researcher. You need to complete the application form: [FRM28YR](#)
- A.17. intends to operate a business selling ammunition. You need to complete the application form: [FRM22D-AS](#)

## Section B: Personal information

Please do not use initials or nicknames. Your last, first and middle names must be written in full.

If you have changed your name several times, please list all other previously used names in the space provided below (B.5) and indicate the most recent previous name.

Please provide address details for the previous five years (including overseas). You can record additional address details in **section P** at the end of this form, noting this section reference.

**B.1. Last name**

**B.2. First name**

**B.3. Middle names**

**B.4. Gender**  Male  Female  Gender diverse

**B.5. Maiden/other names used**

**B.6. Driver licence**

**B.7. Phone** (at least one)

Mobile

Area code	Number
<input type="text"/>	<input type="text"/>

Home

Area code	Number
<input type="text"/>	<input type="text"/>

**B.8. Email address**

**B.9. Place of birth**

**B.10. Date of birth**

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

**B.11. Home address**

Number and street

Suburb

Town/City

Postcode

**How long have you lived here?**

From

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

To

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

**B.12. Previous home address** (if you have lived less than 5 years at current address, including overseas addresses)

Number and street

Suburb

Town/City

Postcode

**How long did you live here?**

From

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

To

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

**B.13. Postal address** (if different from home address)

Number and street

Suburb

Town/City

Postcode

**B.14. What is your residency status?**

Citizen/permanent resident

Visa holder Type of visa (e.g. work, student)

(do not use this form to apply for a visitor licence)

Expiry date of visa

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section C: Employment/education details

Please provide details of your employment and/or education over the past three years.

- » Former employer and educational facility details should be recorded in **section P** at the end of this form, noting this section reference. If you have more than one current employer, or you attend more than one educational facility, these must also be recorded.

### Current employer details

Please provide details of the employer(s) you currently work for and/or business(es) you own.

C.1. **What is your occupation?**

C.2. **Employer/business name**

C.3. **What is your role/position and what do you do at work?**

C.4. **How long have you worked there?**

Years

Months



C.5. **Business address**

Number and street

Suburb

Town/City

Postcode




### Current educational facility/school details

C.6. **Have you studied at an educational facility/school in the last three years?**

No

Yes

*If 'Yes', please provide details of the current, or most recent, educational facility/school.*

C.7. **Educational facility/school name**

C.8. **Course name**

C.9. **How long have you studied there?**

Years

Months



C.10. **Educational facility/school address:**

Number and street

Suburb

Town/City

Postcode



## Section D: Reasons for possessing firearms

The following questions cover your experience with firearms and your reasons for wanting to possess and use firearms in New Zealand.

**D.1. Why do you want a firearms licence and to use firearms?**

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**D.2. Describe your experience with firearms (if any).** (Including but not limited to: locations, how often, who with, your earliest and most recent experiences, etc)

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**D.3. Please provide the names of the gun clubs, shooting organisations or other firearms related organisations, such as historical or collection clubs, of which you are a member.**

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### Overseas licences

**D.4. Have you ever been refused a firearms licence, firearms permit or an equivalent certificate to possess or use firearms in a country other than New Zealand?**

No  Yes **If 'Yes', please provide full details of the refusal.**

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D.5. **Have you been granted a firearms licence, a firearms permit, or an equivalent certification to possess or use firearms overseas?**

- No
- Yes

D.6. **If you answered 'Yes' to question D.5., has that licence, permit or certification subsequently been suspended, revoked or cancelled?**

- No
- Yes **If 'Yes', please provide full details of the suspension, revocation, or cancellation.**


**Section E: Personal history**

In order to be considered for a firearms licence you must provide detail of any criminal offending you have been involved with, now or in the past.

Note that the Criminal Records (Clean Slate) Act 2004 requires you to state whether you have a criminal record when applying for a firearms licence (because of an exception to the Clean Slate scheme). Read more about the [Clean Slate](#) scheme on the Ministry of Justice website.

If you answer 'Yes' to any of the questions in this section, please provide details in the space provided below. If details are not provided, it may delay the processing of your application.

*A 'Yes' answer **does not** mean your application will be refused but it may lead to further examination.*

- |                                                                                                                                                                                                                                                                           | No                    | Yes                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <i>E.1.</i> Are you currently charged with or have you ever been convicted of any offence under the <a href="#">Arms Act 1983</a> ?                                                                                                                                       | <input type="radio"/> | <input type="radio"/> |
| <i>E.2.</i> Are you currently charged with or have you ever been convicted of any offence in New Zealand or overseas (including, but not limited to, an offence involving violence, drugs, or alcohol)?                                                                   | <input type="radio"/> | <input type="radio"/> |
| <i>E.3.</i> Are you currently charged with or have you ever been convicted of an offence against any of - section 231A of the Crimes Act 1961; or the Game Animal Council Act 2013; or the Wildlife Act 1953; or the Wild Animal Control Act 1977?                        | <input type="radio"/> | <input type="radio"/> |
| <i>E.4.</i> During the past five years, have you been deemed not fit and proper to possess or use firearms?                                                                                                                                                               | <input type="radio"/> | <input type="radio"/> |
| <i>E.5.</i> Do you have, or have you had at any time had, a Protection Order or Temporary Protection Order made against you under the Family Violence Act 2018; or the Domestic Violence Act 1995; or a restraining order made against you under the Harassment Act 1997? | <input type="radio"/> | <input type="radio"/> |
| <i>E.6.</i> Do you belong to, or associate with, a gang or an organised criminal group, or any individual who does have gang or organised criminal group affiliations?                                                                                                    | <input type="radio"/> | <input type="radio"/> |
| <i>E.7.</i> Have you been involved with or provided funding for a designated terrorist entity or extremist group?                                                                                                                                                         | <input type="radio"/> | <input type="radio"/> |
| <i>E.8.</i> Do you engage in any activities, including online activities, in groups or forums which exhibit, encourage, or promote violence, hatred or extremism?                                                                                                         | <input type="radio"/> | <input type="radio"/> |
| <i>E.9.</i> Have you ever come to the attention of Police for any other matter, including traffic offences or infringement notices, in New Zealand?                                                                                                                       | <input type="radio"/> | <input type="radio"/> |

**If you answered 'Yes' to any of the above questions, please provide details.**

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*If you have more details to provide, these should be recorded in the space provided at the end of this application form.*

**E.10.** Please list any countries you have travelled to or lived in that involved a stay of a period of 14 days or more at any one time over the previous five years, with the total time visiting or resident in each such country.

Country	Total time

*If you need to list more than 10 countries, record the information in the blank sheets provided in Section P at the end of this form, noting this section reference.*

**E.11.** Have you stayed in any country (other than New Zealand) for more than six months in total (not necessarily consecutive) in the previous 10 years?

Yes     No

If you have stayed in any country other than New Zealand for six months or more (not necessarily consecutive) within the last 10 years, you must provide a criminal record check for each country, at your own expense, with your application.

The criminal history check must not be dated older than two months from the date of your application for a New Zealand Firearms Licence.

You can find contact details for various countries and how they issue criminal record checks on Immigration New Zealand's website.

**If you answered 'Yes' to question E.11, please provide the countries and relevant dates.**

Country	Dates

## Section F: Health details

### Health background

The following questions are asked so that we can understand if you and others will be safe if you have access to firearms. A 'Yes' answer **does not** mean your application will be refused but it may lead to further examination.

If you answer 'Yes' to any of the items in the below section F.1, please attach a certificate from your health practitioner to this application and provide details in the space provided below.

- » The certificate should state the nature of the health condition, whether it has been resolved, any on-going treatment, and whether they believe (having considered the interests of the safety of individuals, including yourself, or the public) you are a suitable person to use or possess a firearm, including if there are any limitations to possession or use that may be warranted.

**F.1. Please tell us if you are receiving, or have received in the past two years treatment or counselling for, or suffer from, any of the following:**

	No	Yes
F.1.a. Mental illness of any kind, including depression, stress, anxiety, mental breakdown	<input type="radio"/>	<input type="radio"/>
F.1.b. Decline in functioning of memory, thinking, understanding, and judgement	<input type="radio"/>	<input type="radio"/>
F.1.c. Substance abuse or dependency (including drugs and/or alcohol)	<input type="radio"/>	<input type="radio"/>
F.1.d. Exhibiting behaviour suggesting anger or violence (including family harm)	<input type="radio"/>	<input type="radio"/>
F.1.e. Drowsiness or problems with memory and thinking caused by illness or medication	<input type="radio"/>	<input type="radio"/>
F.1.f. Seizures, dizziness, blackouts	<input type="radio"/>	<input type="radio"/>
F.1.g. Serious head injury or neurological disorder of any description or kind, which has lasting effects	<input type="radio"/>	<input type="radio"/>

**If you answered 'Yes' to any of the above questions, please provide details. This is in addition to a certificate from your health practitioner.**

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**F.2. Have you thought about, threatened or attempted suicide or self-harm in the past two years?**

No  Yes **If 'Yes', what were the circumstances, and is/are the event(s) that lead to these thoughts being resolved?**

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**F.3. During the past two years, have you experienced significant life events such as the death of a person you were close to, divorce, separation, breakdown of a significant relationship, job loss or bankruptcy?**

No  Yes **If 'Yes', please provide details.**

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F.4. Do you consume alcohol?

No  Yes

F.5. Do you consume recreational drugs?

No  Yes

**If you answered 'Yes' to either of the above questions, please describe how often and how much at a time.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Health practitioner name and contact details**

Section 23(2A), Arms Act 1983.

F.6. **Name of health practitioner** (this must be the name of the person, such as your doctor, not the practice)

\_\_\_\_\_

The health practitioner must be registered with the Medical Council of New Zealand, a nurse practitioner registered with the Nursing Council of New Zealand, a psychologist registered with the New Zealand Psychologists Board, or a duly authorised officer under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

F.7. **Reason name not known**

If you do not know the name of the person who is your health practitioner you may state the reason for this (eg rural practice staffed on rotation). Applications that do not provide reasonable health practitioner contact information cannot be processed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F.8. **Practice or organisation name**

\_\_\_\_\_

F.9. **Address for postage**

Number and street or PO Box number

\_\_\_\_\_

Suburb

\_\_\_\_\_

Town/City

\_\_\_\_\_

Postcode

\_\_\_\_\_

F.10. **Phone** (at least one)

Mobile

Area code	Number
_____	_____

Work

Area code	Number
_____	_____

F.11. **Email address of health practice or organisation** (an email address must be provided)

\_\_\_\_\_

## Section G: Referee 1 – next of kin

- » If you have a current spouse or partner (with whom you have a 'relationship akin to marriage') then they must be Referee 1 – next of kin. In the absence of a spouse or partner, next of kin must if possible be a near relative, and in the absence of any of the above this person will need to be a close associate who knows you well.
- » If you are 16 or 17 years old then **Referee 1 – next of kin** must be a parent or your legal guardian
- » If this referee is based overseas please provide an additional New Zealand based referee in the blank sheets provided in Section P at the end of this form, noting this section reference
- » The additional referee needs to be available for an in-person interview
- » See our website [www.firearmssafetyauthority.govt.nz](http://www.firearmssafetyauthority.govt.nz) for guidance on suitable referees

G.1. **Relationship to you** (e.g. spouse, partner or close relative)

G.2. **Last name**

G.3. **First name**

G.4. **Middle names**

G.5. **Gender**  Male  Female  Gender diverse

G.6. **Maiden/other names used**

G.7. **Place of birth**

G.8. **Date of birth**

DD	MM	YYYY
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G.9. **Driver licence**

G.10. **Firearms licence**

G.11. **Phone** (at least one)

Mobile

+ Country Code	Area code	Number
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Home

+ Country Code	Area code	Number
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G.12. **Email address**

G.13. **Home address**

Number and street

Suburb

Town/City

Postcode

Country (if other than New Zealand)

G.14. **How long have you known this person?**

Years

Months

G.15. **How often do you see this person?**

Daily  Weekly  Fortnightly  Monthly  Less frequently

Other **Please describe.**

G.16. **When did you last meet with them?**

DD	MM	YYYY
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G.17. How do you typically meet and connect with this person?

Select all that apply  
Select the most frequent method of contact (select one only)

- In-person - living at same address
- In-person - visiting, socialising, etc
- In-person - hunting and/or club range
- Phone calls /video calls
- Social Media (e.g. Facebook, etc.)

**Please describe.**

- Other online (e.g. gaming, etc.)

**Please describe.**

- Other

**Please describe.**

G.18. How would you describe your relationship with this referee to another person?

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G.19. Has this person seen you use a firearm?  No  Yes

**If 'Yes', please describe the circumstances where you used a firearm in the presence of this person (e.g. where, how often, most recent).**

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**If this referee is your spouse/partner or next of kin who lives with you or lives at any location where your firearms will be stored, please answer G.20.**



**G.20. Does or has your spouse/partner or next of kin:**

	Yes	No	I don't know
a) currently, or has recently (within the last two years), demonstrated behaviour issues that might raise concerns about them being around firearms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) currently, or has recently (within the last two years), demonstrated a decline in mental functioning including thinking, memory or issues that might adversely affect their ability to be around firearms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) have issues with, or ongoing issues caused by, substance abuse (including drugs (prescription or otherwise) and/or alcohol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) exhibit any behaviours that suggest issues with anger or violence (including family violence)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) threaten suicide or self-harm or has attempted suicide or self-harm in the past two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) currently, or has ever had associations with any gang, criminal group/individual or activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) currently have charges or charges pending for a criminal offence; or has ever been convicted of any offence in New Zealand or overseas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***If you have answered 'Yes' to any of the above questions, please provide details.***

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*If you have more details to provide, these should be recorded in section P at the end of this form, noting this section reference.*

## Section H: Referee 2 – unrelated

- » This referee is a person who lives in New Zealand and is not related to you, knows you well and is at least 20 years old. This may include someone you've known and been in regular face-to-face contact with for a significant period of your life; at least three years, preferably more. They should know you well enough to be able to attest to your character and fitness to possess firearms
- » They cannot be your current spouse or partner, a former spouse or partner within the past five years, or an otherwise related person
- » They need to be available for an in-person interview
- » See our website [www.firearmssafetyauthority.govt.nz](http://www.firearmssafetyauthority.govt.nz) for guidance on suitable referees

H.1. **Relationship to you** (e.g. friend, colleague, other - please describe)

H.2. **Last name**

H.3. **First name**

H.4. **Middle names**

H.5. **Gender**  Male  Female  Gender diverse

H.6. **Maiden/other names used**

H.7. **Place of birth**

H.8. **Date of birth**

DD	MM	YYYY
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H.9. **Driver licence**

H.10. **Firearms licence**

H.11. **Phone** (at least one)

Mobile

Area code	Number
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Home

Area code	Number
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H.12. **Email address**

H.13. **Home address**

Number and street

Suburb

Town/City

Postcode

H.14. **How long have you known this person?**

Years

Months

H.15. **How often do you see this person?**

Daily  Weekly  Fortnightly  Monthly  Less frequently

Other **Please describe.**

H.16. **When did you last meet with them?**

DD	MM	YYYY
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**H.17. How do you typically meet and connect with this person?**

Select all that apply  
Select the most frequent method of contact (select one only)

- In-person - living at same address
- In-person - visiting, socialising, etc
- In-person - hunting and/or club range
- Phone calls /video calls
- Social Media (e.g. Facebook, etc.)

**Please describe.**

- Other online (e.g. gaming, etc.)

**Please describe.**

- Other

**Please describe.**

**H.18. Tell us how well you know this person and why are they a suitable referee to attest to your character.**  
(e.g. tell us about your relationship and your shared interests.)

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**H.19. Has this person seen you use a firearm?**  No  Yes

**If 'Yes', please describe the circumstances where you used a firearm in the presence of this person (e.g. where, how often, most recent).**

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## Section I: Former spouse/former partner

- » Please provide details of any former spouses or partners with whom you have had a 'relationship akin to marriage' at any time during the past five years
- » If you have had more than one former spouse or partner within the past five years, in addition to the person listed below, please record their details in **section P** at the end of this form, noting this section reference
- » See our website [www.firearmssafetyauthority.govt.nz](http://www.firearmssafetyauthority.govt.nz) for guidance on why we ask for former spouse/former partner details

I.1. **Last name**

I.2. **First name**

I.3. **Middle names**

I.4. **Gender**  Male  Female  Gender diverse

I.5. **Maiden/other names used**

I.6. **Place of birth**

I.7. **Date of birth**

DD	MM	YYYY
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I.8. **Driver licence**

I.9. **Firearms licence**

I.10. **Phone (at least one)**

Mobile

Country Code	Area code	Number
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Home

Country Code	Area code	Number
--------------	-----------	--------

I.11. **Email address**

I.12. **Home address**

Number and street

Suburb

Town/City

Postcode

Country (if other than New Zealand)

I.13. **How long were you together?**

Years

Months

I.14. **When did you separate?**

DD	MM	YYYY
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I.15. **How often do you see this person?**

Daily  Weekly  Fortnightly  Monthly  Less frequently

Other **Please describe.**

I.16. **When did you last meet with them?**

DD	MM	YYYY
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**I.17. How do you typically meet and connect with this person?**

Select all that apply  
Select the most frequent method of contact (select one only)

- In-person - living at same address
- In-person - visiting, socialising, etc
- In-person - hunting and/or club range
- Phone calls /video calls
- Social Media (e.g. Facebook, etc.)

**Please describe.**

- Other online (e.g. gaming, etc.)

**Please describe.**

- Other

**Please describe.**

**I.18. How would you describe the present-day relationship to another person?**

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**I.19. Has this person seen you use a firearm?**  No  Yes

**If 'Yes', please describe the circumstances where you used a firearm in the presence of this person (e.g. where, how often, most recent).**

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## Section J: Parent/Guardian

### For applicants 16 or 17 years of age only

If you are 16 or 17 years of age, please provide contact and identification details for all of your parents (including step-parents) and legal guardians. If their details cannot be provided, please provide an explanation.

If you require more space to record additional details, these should be recorded in **section P** at the end of this form, noting this section reference.

J.1. **Do all of your parents or legal guardian(s) support this application?**

No **If 'No', please provide an explanation.**  Yes


### Parent/Legal guardian 1 *(if not already listed as Referee 1 – next of kin)*

J.2. **Last name**

J.3. **First name**

J.4. **Middle names**

J.5. **Gender**  Male  Female  Gender diverse

J.6. **Maiden/other names used**

J.7. **Place of birth**

J.8. **Date of birth**

DD	MM	YYYY
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J.9. **Driver licence**

J.10. **Firearms licence**

J.11. **Phone (at least one)**

Mobile

Area code	Number
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Home

Area code	Number
-----------	--------

J.12. **Email address**

J.13. **Home address same as the applicant?**

No **If 'No', please provide details.**  Yes

Number and street

Suburb

Town/City

Postcode

### Parent/Legal guardian 2 *(if not already listed as Referee 1 – next of kin)*

J.14. **Last name**

J.15. **First name**

J.16. **Middle names**

J.17. **Gender**  Male  Female  Gender diverse

J.18. **Maiden/other names used**

J.19. **Place of birth**

J.20. **Date of birth**

DD	MM	YYYY
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J.21. **Driver licence**

J.22. **Firearms licence**

J.23. **Phone** (at least one)

Mobile

Area code	Number
-----------	--------

Home

Area code	Number
-----------	--------

J.24. **Email address**

J.25. **Home address same as the applicant?**

No **If 'No', please provide details.**  Yes

Number and street

Suburb

Town/City

Postcode

## Section K: Security Arrangements

Please provide details of your firearms and ammunition secure storage at your home address, (including mobile homes, campervans, and caravan units, if that is your temporary or permanent home) and any additional address(es) where you will store your firearms and ammunition.

- » All firearms licence holders are subject to conditions that require the safe and secure storage of their firearms and ammunition. These conditions are described in **Regulation 19** of the Arms Regulations 1992
- » The secure storage arrangements at all addresses and mobile homes where firearms and ammunition are stored will be assessed by Police in the review of your application for a firearms licence
- » For guidance on the secure storage of firearms and ammunition, please refer to the **Firearms Secure Storage Guidance** document on Te Tari Pūreke - Firearms Safety Authority website.

### K.1. Home address *(your address as provided in Section B. Personal information)*

#### K.1.a. Describe the firearm and ammunition secure storage arrangements (e.g. rack, gun safe, safe or building alarms, etc.) including how the storage racks or receptacles are securely fixed to the framing, floor or other structural elements of the building at your home address

*(If you wish to provide a photo(s) to support your application, this must be in addition to your description here. Please attach the photo to this application.)*


#### K.1.b. Describe other security in place at your home address that will contribute to your firearms security arrangements (e.g. house alarm system)


#### K.1.c. Indicate the storage capacity for your firearms (quantity):

Hunting and target shooting rifles and shotguns:

Endorsed items:

### K.2. Additional security locations

If you will be storing your firearms and/or ammunition at an address additional to your home address (e.g. at a holiday home, at a business location, with another licence holder), please record the details here.

If you have more than one additional address, please provide the below details in the **section P** at the end of this form, noting this section reference.

#### K.2.a. Additional address

Number and street

Suburb

Town/City

Postcode

#### K.2.b. Why will you store firearms here?



**K.2.c. Describe the firearms and ammunition secure storage arrangements (e.g. rack, gun safe, safe or building alarm, etc.) including how the storage receptacles are securely fixed to the framing, floor or other structural elements of the building at this address**

Include a description of how often the property is unoccupied and how this may impact the security of the stored firearms. (If you wish to provide a photo(s) to support your application, this must be in addition to your description here. Please attach the photo to this application.)


### K.3. Mobile homes

**You may only store firearms and ammunition in a mobile home, campervan, or caravan unit:**

- While that vehicle or unit is being used as your temporary or permanent home; and
- When you have compliant storage there that has been inspected and approved by Police.

**K.3.a. Will you be using a mobile home, campervan, or caravan unit as your temporary or permanent home?**

No  Yes **If yes, please provide Registration No:**

**K.3.b. If temporary, how regularly will you be travelling in the mobile home / vehicle with your firearms and/or ammunition?**

1. Sometimes (up to two months in a year)
2. Often (between two and six months in a year)
3. Frequently (between six and 12 months in a year)

**K.3.c. For what purpose (typically) will the firearms be carried in this vehicle / mobile home?**

**K.3.d. If the mobile home, campervan, or caravan unit is not located at the home address provided in Section B, please provide the address where the mobile home / vehicle is located:**

Number and street

Suburb

Town/City

Postcode

**K.3.e. Is this address a (tick one):**  Public camping ground  Private property  Other

**If other, please describe.**

**K.3.f. Does the mobile home / vehicle have a working alarm system?**

No  Yes

**K.3.g. Can the mobile home / vehicle be immobilised when not in use?**

No  Yes

## Section L: Access to firearms storage locations

A firearms licence holder needs to consider all aspects of firearms safety, including the safety of people who may have access to locations where you store firearms. A firearms licence cannot be issued if another person who is not fit and proper to possess firearms is reasonably likely to obtain access to any of your firearms or airguns.

Please provide details of:

- » All persons over the age of 18, **who reside at your home address** or who **may have free or unsupervised access to your home address, and any additional addresses you have listed**, where firearms and/or ammunition may be stored. If your spouse/partner or parent was listed as a referee, they do not need to be included here

If you need to add more than three people to this list, please record these in **section O** of this form.

### Associated Person 1

L.1. **Relationship to you** (e.g. child, friend, colleague, other family, other relationship – please describe)

L.2. **Last name**

L.3. **First name**

L.4. **Middle names**

L.5. **Gender**  Male  Female  Gender diverse

L.6. **Maiden/other names used**

L.7. **Place of birth**

L.8. **Date of birth**

DD	MM	YYYY
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L.9. **Driver licence**

L.10. **Firearms licence**

L.11. **Phone** (at least one)

Mobile

Area code	Number
-----------	--------

Home

Area code	Number
-----------	--------

L.12. **Email address**

L.13. **Home address**

Number and street

Suburb

Town/City

Postcode

L.14. **If this person does not live with you, does this person have free or unsupervised access to your home address?**

No  Yes

**If 'Yes', please describe how they may access the address e.g. the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.**

L.15. Does this person have free or unsupervised access to your additional address, listed in section K.2?

No  Yes  Not applicable (no additional secure storage address)

If 'Yes', please describe how they may access the address e.g. whether they live there or the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.

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L.16. How long have you known this person?

Years Months

L.17. How often do you see this person?

Daily  Weekly  Fortnightly  Monthly  Less frequently

Other **Please describe.**

L.18. Describe the nature of this relationship (e.g. Under what circumstances do you typically see and connect with them? When did you last see them?)

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L.19. Do you have any concerns about this person if they have access to any property where firearms and/or ammunition are stored? (e.g. could they gain unsupervised access to your firearms and/or ammunition and pose a threat to themselves or others due to any behavioural issues, drug or alcohol use, anger, or suicide indications.)

No  Yes

**Please explain your reason.**

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If you have more details to provide, these should be recorded in section P of this form, noting this section reference

### Associated Person 2

L.20. **Relationship to you** (e.g. child, friend, colleague, other family, other relationship – please describe)

L.21. **Last name**

L.22. **First name**

L.23. **Middle names**

L.24. **Gender**  Male  Female  Gender diverse

L.25. **Maiden/other names used**

L.26. **Place of birth**

L.27. **Date of birth**

DD	MM	YYYY
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L.28. **Driver licence**

L.29. **Firearms licence**

L.30. **Phone** (at least one)

Mobile

Area code	Number
-----------	--------

Home

Area code	Number
-----------	--------

L.31. **Email address**

L.32. **Home address**

Number and street

Suburb

Town/City

Postcode

L.33. **If this person does not live with you, does this person have free or unsupervised access to your home address?**

No  Yes

**If 'Yes', please describe how they may access the address e.g. the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.**

L.34. **Does this person have free or unsupervised access to your additional address, listed in section K.2?**

No  Yes  Not applicable (no additional secure storage address)

**If 'Yes', please describe how they may access the address e.g. whether they live there or the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.**

**L.35. How long have you known this person?**

Years  Months

**L.36. How often do you see this person?**

Daily  Weekly  Fortnightly  Monthly  Less frequently  
 Other **Please describe.**

**L.37. Describe the nature of this relationship** (e.g. Under what circumstances do you typically see and connect with them? When did you last see them?)

**L.38. Do you have any concerns about this person if they have access to any property where firearms and/or ammunition are stored?** (e.g. could they gain unsupervised access to your firearms and/or ammunition and pose a threat to themselves or others due to any behavioural issues, drug or alcohol use, anger, or suicide indications.)

No  Yes  
**Please explain your reason.**

*If you have more details to provide, these should be recorded in section P in this form, noting this section reference.*

### Associated Person 3

L.39. **Relationship to you** (e.g. child, friend, colleague, other family, other relationship – please describe)

L.40. **Last name**

L.41. **First name**

L.42. **Middle names**

L.43. **Gender**  Male  Female  Gender diverse

L.44. **Maiden/other names used**

L.45. **Place of birth**

L.46. **Date of birth**

DD	MM	YYYY
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L.47. **Driver licence**

L.48. **Firearms licence**

L.49. **Phone** (at least one)

Mobile

Area code	Number
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Home

Area code	Number
-----------	--------

L.50. **Email address**

L.51. **Home address**

Number and street

Suburb

Town/City

Postcode

L.52. **If this person does not live with you, does this person have free or unsupervised access to your home address?**

No  Yes

**If 'Yes', please describe how they may access the address e.g. the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.**

L.53. **Does this person have free or unsupervised access to your additional address, listed in section K.2?**

No  Yes  Not applicable (no additional secure storage address)

**If 'Yes', please describe how they may access the address e.g. whether they live there or the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.**

**L.54. How long have you known this person?**

Years  Months

**L.55. How often do you see this person?**

Daily  Weekly  Fortnightly  Monthly  Less frequently  
 Other **Please describe.**

**L.56. Describe the nature of this relationship** (e.g. Under what circumstances do you typically see and connect with them? When did you last see them?)

**L.57. Do you have any concerns about this person if they have access to any property where firearms and/or ammunition are stored?** (e.g. could they gain unsupervised access to your firearms and/or ammunition and pose a threat to themselves or others due to any behavioural issues, drug or alcohol use, anger, or suicide indications.)

No  Yes  
**Please explain your reason.**

*If you have more details to provide, these should be recorded in section P of this form, noting this section reference.*

**L.58. Please provide details of:**

- » All children 18 years of age and under, **who reside at your home address or who may have free or unsupervised access to your home address, and any additional addresses you have listed**, where firearms may be stored.

No.	Child resides or has access to your home address	Child resides or has access to any additional address where your firearms are stored	Surname	First name(s)	Relationship to you	Date of Birth
1.	<input type="radio"/>	<input type="radio"/>				
2.	<input type="radio"/>	<input type="radio"/>				
3.	<input type="radio"/>	<input type="radio"/>				
4.	<input type="radio"/>	<input type="radio"/>				
5.	<input type="radio"/>	<input type="radio"/>				
6.	<input type="radio"/>	<input type="radio"/>				
7.	<input type="radio"/>	<input type="radio"/>				
8.	<input type="radio"/>	<input type="radio"/>				
9.	<input type="radio"/>	<input type="radio"/>				
10.	<input type="radio"/>	<input type="radio"/>				

*If you need to add more than ten people to a table, please record these in section P in this form, noting this section reference.*

**L.59. Do you have any concerns about any person you listed in the above table?**

**Please record if they have access to any property where firearms and/or ammunition are stored**

*(e.g. could they gain unsupervised access to your firearms and/or ammunition and pose a threat to themselves or others due to any behavioural issues, drug or alcohol use, anger, or suicide indications.)*


*If you have more details to provide, these should be recorded in section P of this form, noting this section reference.*



## Section M: Checklist

Please take a moment to ensure your application is complete and all supporting documents are provided. While we endeavour to contact people to obtain missing information, an incomplete application will likely mean that there are delays in processing it and, if the missing information is not provided, it may lead to the application being declined.

Before submitting your application, have you:

- M.1. answered all questions?
- M.2. attached the applicable fee receipt, confirming your payment?
- M.3. attached the passport style photos of yourself?
- M.4. attached any certificates or other documents with additional information if necessary?
- M.5. confirmed with your referees that they are willing to be referees for you?
- M.6. obtained your referees written permission for Police to refer to information about them that Police may hold, to assess their suitability to be a referee?
- M.7. confirmed with your referees that they will make themselves available for a face to face interview, within a reasonable time of being requested?
- M.8. advised your referees that (before the interview) they may need to complete and return a questionnaire?
- M.9. included your endorsement application, if applying for an endorsement as selected in Section A?

## Section N: Declaration

Please read the following statements and show your acceptance by ticking each box.

- The information I have supplied for this application is true and correct.
- I understand it is an offence to supply details knowing them to be incorrect or misleading  
(*section 42(d) of the Arms Act 1983*)
- I consent to the Police making inquiries into my fitness to possess firearms and authorise any person or organisation approached by the Police in this matter to release or disclose all relevant information.

Date of application

DD	MM	YYYY
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**Please sign below.**

Signature

### Section O: Additional associated people with access to firearms storage locations

List additional people who reside at, or may have free or unsupervised access to, your home address, and any additional addresses (listed in section K.2.) where firearms and/or ammunition may be stored.

If you need to record more people, please add these in the space at the end of this form, noting the section reference.

#### Associated Person 4

O.1. **Relationship to you** (e.g. child, friend, colleague, other family, other relationship – please describe)

O.2. **Last name**

O.3. **First name**

O.4. **Middle names**

O.5. **Gender**  Male  Female  Gender diverse

O.6. **Maiden/other names used**

O.7. **Place of birth**

O.8. **Date of birth**

DD	MM	YYYY
----	----	------

O.9. **Driver licence**

O.10. **Firearms licence**

O.11. **Phone** (at least one)

Mobile

Area code	Number
-----------	--------

Home

Area code	Number
-----------	--------

O.12. **Email address**

O.13. **Home address**

Number and street

Suburb

Town/City

Postcode

O.14. **If this person does not live with you, does this person have free or unsupervised access to your home address?**

No  Yes

**If 'Yes', please describe how they may access the address e.g. the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.**

------------------------------------------

O.15. **Does this person have free or unsupervised access to your additional address, listed in section K.2?**

No  Yes  Not applicable (no additional secure storage address)

**If 'Yes', please describe how they may access the address e.g. whether they live there or the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.**

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O.16. **How long have you known this person?**

Years Months

O.17. **How often do you see this person?**

Daily  Weekly  Fortnightly  Monthly  Less frequently

Other **Please describe.**

O.18. **Describe the nature of this relationship** (e.g. Under what circumstances do you typically see and connect with them? When did you last see them?)

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O.19. **Do you have any concerns about this person if they have access to any property where firearms and/or ammunition are stored?** (e.g. could they gain unsupervised access to your firearms and/or ammunition and pose a threat to themselves or others due to any behavioural issues, drug or alcohol use, anger, or suicide indications.)

No  Yes

**Please explain your reason.**

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## Associated Person 5

O.20. **Relationship to you** (e.g. child, friend, colleague, other family, other relationship – please describe)

O.21. **Last name**

O.22. **First name**

O.23. **Middle names**

0.24. Gender  Male  Female  Gender diverse

0.25. Maiden/other names used

0.26. Place of birth

0.27. Date of birth

DD	MM	YYYY
----	----	------

0.28. Driver licence

0.29. Firearms licence

0.30. Phone (at least one)

Mobile

Area code	Number
-----------	--------

Home

Area code	Number
-----------	--------

0.31. Email address

0.32. Home address

Number and street

Suburb

Town/City

Postcode

0.33. If this person does not live with you, does this person have free or unsupervised access to your home address?

No  Yes

**If 'Yes', please describe how they may access the address e.g. the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.**

0.34. Does this person have free or unsupervised access to your additional address, listed in section K.2?

No  Yes  Not applicable (no additional secure storage address)

**If 'Yes', please describe how they may access the address e.g. whether they live there or the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.**

0.35. How long have you known this person?

Years

Months

0.36. How often do you see this person?

Daily  Weekly  Fortnightly  Monthly  Less frequently

Other **Please describe.**

**O.37. Describe the nature of this relationship** (e.g. Under what circumstances do you typically see and connect with them? When did you last see them?)


**O.38. Do you have any concerns about this person if they have access to any property where firearms and/or ammunition are stored?** (e.g. could they gain unsupervised access to your firearms and/or ammunition and pose a threat to themselves or others due to any behavioural issues, drug or alcohol use, anger, or suicide indications.)

No  Yes

**Please explain your reason.**


### Associated Person 6

**O.39. Relationship to you** (e.g. child, friend, colleague, other family, other relationship – please describe)

--

**O.40. Last name**

--

**O.41. First name**

--

**O.42. Middle names**

--

**O.43. Gender**  Male  Female  Gender diverse

**O.44. Maiden/other names used**

--

**O.45. Place of birth**

--

**O.46. Date of birth**

DD	MM	YYYY

**O.47. Driver licence**

--

**O.48. Firearms licence**

--

**O.49. Phone** (at least one)

Mobile

Area code	Number

Home

Area code	Number

**O.50. Email address**

--

**O.51. Home address**

Number and street

--

Suburb

--

Town/City

--

Postcode

--

0.52. If this person does not live with you, does this person have free or unsupervised access to your home address?

- No  Yes

If 'Yes', please describe how they may access the address e.g. the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.

Empty text area for describing access to home address.

0.53. Does this person have free or unsupervised access to your additional address, listed in section K.2?

- No  Yes  Not applicable (no additional secure storage address)

If 'Yes', please describe how they may access the address e.g. whether they live there or the typical frequency and duration of visits/access, whether they have keys to the property/alarm codes, etc.

Empty text area for describing access to additional address.

0.54. How long have you known this person?

Years  Months

0.55. How often do you see this person?

- Daily  Weekly  Fortnightly  Monthly  Less frequently  Other **Please describe.**

Empty text area for describing frequency of visits.

0.56. Describe the nature of this relationship (e.g. Under what circumstances do you typically see and connect with them? When did you last see them?)

Empty text area for describing the nature of the relationship.

0.57. Do you have any concerns about this person if they have access to any property where firearms and/or ammunition are stored? (e.g. could they gain unsupervised access to your firearms and/or ammunition and pose a threat to themselves or others due to any behavioural issues, drug or alcohol use, anger, or suicide indications.)

- No  Yes

Please explain your reason.

Empty text area for explaining concerns about access to property with firearms/ammunition.



*Additional comments continued...*

Lined area for additional comments.