



New Zealand Firearms Licence

Vetting Guide

For Police use only

1. Applicant Details

Surname

Forename/s

Preferred name

Licence(s) previously held:

☐ Firearms licence No. ☐ Dealer licence No.

☐ Status: (date:) ☐ Current ☐ Expired ☐ Suspended ☐ Revoked

Endorsement(s) previously held: ☐ B ☐ C – General ☐ Theatrical ☐ Heirloom ☐ Museum
☐ E ☐ F – ☐ Employee ☐ Agent

Note to licensing staff:

- This guide must be completed in full and interviews carried out such that the applicant interview is the last interview conducted in ALL CASES.
- Vetting is not necessarily to be limited to the referees and interviews provided for in this guide – additional enquiries may be necessary before you consider the applicant to be "fit and proper" to hold a firearms licence. Append additional enquiries.
- Before conducting this vetting please ensure that you understand the Vetting Master Guide.
- The applicant and all referees are to be interviewed independently (not in the presence of each other or any other person).
- Once completed, this guide is to be retained for 10 years after last action on file, including after death of the applicant.

Certificate: To be completed by a Police Employee who holds delegation to approve firearm licences, once vetting has been completed.

I certify that I have read and fully considered the recommendation(s) made by the interviewing Police Member, the responses of the applicant and the referees, the result of the theoretical test, the security inspection, and have made other enquiries as I have considered to be required, and am therefore satisfied that the applicant is of or over the age of 16 years; is a fit and proper person to be in possession of a firearm or air gun, and that they are fit to hold a firearms licence:

Firearms licence: ☐ Approved ☐ Refused (Explain in covering report.)

Police employee:

Signature: QID:

Date:

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2. Recommendation

To be completed by the Licensing Vetting Officer (Police Employee)

Summary statement as to applicant's suitability to hold a firearm licence, and the suitability of the applicant's security arrangements.

Applicant:

Security:

Recommendation

I recommend the applicant be issued a firearm licence ☐

I do NOT recommend the applicant be issued a firearms licence ☐

Licensing Vetting Officer/
Police Employee name:

Signature:

QID:

Date:

3. Minimum Interview and Security Requirements

Interviews and security check for Firearms Licence

Interviews:

Current spouse/partner or next of kin.

This is the person who lives with and probably best knows the applicant in a personal sense.

Previous spouse/partner.

Mandatory if the previous relationship ended 5 years or less.

Associate/s known to applicant.

Person or people who reside with the applicant.

Person 20 years or older not related to the applicant.

Both parents of the applicant 16 or 17 years of age.

Security:

Inspected and complies with Arms Regulations 1992.

The minimum for every licence holder is a rack or lockable cabinet in their premises.

Check list:

☐
☐
☐
☐
☐
☐

4. Theoretical Test

New Licence: First time applicants for a firearms licence are to complete the course of training and theoretical test administered by the New Zealand Mountain Safety Council (M.S.C).

Licence Renewal: Applicants to renew a firearms licence are required to complete the safety test on the reverse of the application form. If they do not pass to the satisfaction of the police employee, they are then required to attend the Mountain Safety Council lecture and test.

Applicant advised of M.S.C test date?

☐ Yes

☐ No

Date:

M.S.C Test results:

Test Date:

Place:

☐ Pass

☐ Test paper attached

☐ Certificate sighted

☐ Fail

5. Identity

Proof of identity check list: 100 points required

(Tick and count only ONE from each group. Original documents must be sighted.)

100 points ☐ Photo ID firearms licence No.

☐ Police identity card No.

70 points ☐ Personally known to Police employee and verified immediately Mem. QID

70 points ☐ Current photo driver licence No.

☐ Current passport No.

☐ Evidence of age card ("18 Plus")

40 points ☐ Birth certificate Life Data No.

☐ Identity card issued by secondary or tertiary institution

☐ Employer – current or within last 2 years

25 points (Signature card in the name of the applicant, current and must be verified)

☐ Bank or credit card Sighted ☐

25 points (Verified by questioning, matching address and/or DOB)

☐ Educational records or certificates

☐ Current professional or trade association membership certificate No.

☐ Rates demands

☐ Mortgage document

☐ Personal correspondence, bills etc

25 points ☐ Telephone directory listing in name AND telephone contact made with applicant at listed number Sighted ☐

Total score

Photograph

☐ Photograph supplied with application form is verified as being that of the applicant, is of passport standard, and has been taken within the past 12 months

Birth certificate details if required [for new applicant] or attach certified copy

Date of birth:

Place of birth:

Country:

State/Province:

Town/City:

Life Data Number:

Address details: If different from Application or NIA record

Current residential address:
(if different from address in application)

NZ postal code

Rapid No.

Postal address:
(if different from above)

NZ postal code

Email address

Mobile Phone

N.I.A record verified/amended (DOB, Address & Photo):

Licensing Vetting Officer/
Police Employee name:

Signature: QID:

Designation:

Date:

6. Background Checks

Mandatory for ALL applications

N.I.A computer queries

☐ QP (Wide Search)

☐ Printouts attached

N.I.A checks: Complete Wide Search and Check

Open person (dossier view):

Using:

☐ N.I.A person ID

☐ D.LIC.No

☐ F.LIC.No

Check all sections:

☐ NZTA driver's licence

☐ Links (Drivers)

☐ Links (Firearms)

☐ Youth Aid

☐ Notification alerts

☐ Family Violence

☐ History reports

☐ Occurrence

☐ Charges

☐ Records

☐ Bail

☐ Firearms licence

☐ Driver demerit and suspension history

Reports

☐ Printouts attached

Where applicant is subject:

☐ Print report (QHA)

Offence or incident – [Person (Dossier)/Reports/
Prosecution Reports/QHA]

Where applicant is subject:

☐ Print report
Family Violence

Family Violence summary – [Person (Dossier)/Reports/
Family Violence summary] – Attach Family Violence
Investigation Report(s) OR Complete Pol FVIR

All existing licences:

☐ Print report Firearms Licences

Applicant identity

Verify N.I.A data using summary
section 2 (identity):

☐ Date of birth

☐ Address

Merge identities (if applicable). Check all identities with matching details. If more than one identity for person in N.I.A records, initiate merge by authorised person.

Referee 1

☐ Printouts attached

(Spouse/partner/N.O.K)
(as limited by the Clean Slate Act)

☐ QP
(Wide Search)

☐ QHA

☐ Firearms
Licensing/case

Referee 2

☐ Printouts attached

(Unrelated person 20 years
or older)
(as limited by the Clean Slate Act)

☐ QP
(Wide Search)

☐ QHA

☐ Firearms
Licensing/case

Summary

Is any person whose firearms licence is revoked likely to have access to firearms possessed by the applicant?

☐ Yes ☐ No

Is any person who has a (family) violence alert likely to have access to firearms possessed by the applicant?

☐ Yes ☐ No

Is any person who has associations with a gang or criminal activity likely to have access to firearms possessed by the applicant?

☐ Yes ☐ No

If YES to any of the above, complete section 9 Directive for interviews.

7. Overseas Enquiries

(Required – not routine)

Only as necessary and appropriate. Forward enquiry through INTERPOL, CIB Support, National Headquarters.

☐ Enquiry made ☐ Report attached

8. Directive for Interviews

The following ALERTS, Family Violence, Criminal History, DASH or other matters to be discussed with applicant and/or referees.

1.	
2.	
3.	

Comment:

1.	
2.	
3.	

Additional enquiries to be made (e.g. medical certificate, Interpol)

9. Referee (Unrelated Person 20 years or older)

Mandatory for ALL applications: Interview 1 record

Surname Forename/s

Previous name/s

Date of birth Occupation

Firearms licence No. Dealer licence No. (if applicable or held)

Address

Rapid No. Phone Mobile

E mail

Business address

Phone

Is the photo a good likeness and are the applicant's details correct? ☐ Yes ☐ No

What is your relationship to applicant?

How long have you known the applicant?

Do you live with the applicant? ☐ Yes ☐ No How long?

For what purpose do you think the applicant needs (access to) firearms?

What is the applicant's experience with firearms?

Describe the applicant's attitude to, and behaviour with, firearms?

How do you know this?

Applicant's background and person(s) who live or associate with the applicant

Does the applicant, anyone in the applicant's household, or anyone who regularly visits the applicant have (or has had in the past) any of the following:

Category	Applicant			Other person(s)		
	Yes	No	Don't know	Yes	No	Don't know
1. Psychological or psychiatric disorder or illness of any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Stress disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Post traumatic reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Substance misuse (including alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. On any medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Disordered interpersonal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Mental breakdown of any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Exhibited behaviours suggesting anger or violence (including domestic violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Any head injury requiring treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fits, dizziness, blackouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Any convictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Any other involvement with police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Associations with any gang, criminal group/individual or activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If YES was the answer to any of the above categories, concerning anyone other than the applicant, please provide the following information, and refer to category numbers.

1. Category(s) Relationship to applicant Age

Surname Forename/s

Address Phone

Rapid No.

Notes

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 14)

2. Category(s) Relationship to applicant Age

Surname Forename/s

Address Phone

Rapid No.

Notes

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 14)

3. Category(s) Relationship to applicant Age

Surname Forename/s

Address Phone

Rapid No.

Notes

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 14)

Referee
initial here

MANDATORY REFEREE:
Unrelated Person

Secs:
9-10

Access to the household

Who lives with the applicant (including in other premises on the property occupied by the applicant, such as sleep outs, baches and other houses)? List names and ages.

1. Surname Forename/s

Age Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 14)

2. Surname Forename/s

Age Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 14)

3. Surname Forename/s

Age Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting officer's Observations and notes' on page 14)

Is there anything that happens in this household that would cause you concern if the applicant had a firearm or access to firearms?

☐ Yes ☐ No

Any further comment?

Do you consider the applicant suitable to have/have access to firearms?

☐ Yes ☐ No

Why do you hold this view?

Would you have concerns for the safety of any person if the applicant had (or had access to) firearms? ☐ Yes ☐ No

Why do you hold this view?

Do you know of any reason whatsoever as to why police should refuse to issue a firearms licence to the applicant?

☐ Yes ☐ No

Why do you hold this view?

Any further comment?

Declaration

IMPORTANT: You may be required to justify your opinion on oath in Court. It is an offence to intentionally supply false or misleading information.

I declare that the information I have given is true and correct

Referee's name:

--

Signature:

--

Witnessed

Licensing Vetting Officer/
Police Employee name:

--

Signature:

--

QID:

--

Date:

--

☐ Yes ☐ No

10. Referee (Spouse/Partner/Next of Kin)

Mandatory for ALL applications: Interview 2 record

Surname		Forename/s	
Previous name/s			
Date of birth		Occupation	
Firearms licence No.		Dealer licence No.	(if applicable or held)
Address			
Rapid No.		Phone	
		Mobile	
E mail			
Business address			
		Phone	

Is the photo a good likeness and are the applicant's details correct? ☐ Yes ☐ No

What is your relationship to applicant?

How long have you known the applicant?

Do you live with the applicant? ☐ Yes ☐ No How long?

How would you describe this relationship?

For what purpose do you think the applicant needs (access to) firearms?

What is the applicant's experience with firearms?

Describe the applicant's attitude to, and behaviour with, firearms?
How do you know this?

MANDATORY REFEREE:
Spouse/Partner/N.O.K

Secs:
9-10

Applicant's background and person(s) who live or associate with the applicant

Does the applicant, anyone in the applicant's household, or anyone who regularly visits the applicant have (or has had in the past) any of the following:

Category	Applicant			Other person(s)		
	Yes	No	Don't know	Yes	No	Don't know
1. Psychological or psychiatric disorder or illness of any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Stress disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Post traumatic reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Substance misuse (including alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. On any medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Disordered interpersonal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Mental breakdown of any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Exhibited behaviours suggesting anger or violence (including domestic violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Any head injury requiring treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fits, dizziness, blackouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Any convictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Any other involvement with police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Associations with any gang, criminal group/individual or activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If YES was the answer to any of the above categories, concerning anyone other than the applicant, please provide the following information, and refer to category numbers.

1. Category(s) Relationship to applicant Age

Surname Forename/s

Address Phone

Rapid No.

Notes

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 19)

2. Category(s) Relationship to applicant Age

Surname Forename/s

Address Phone

Rapid No.

Notes

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 19)

3. Category(s) Relationship to applicant Age

Surname Forename/s

Address Phone

Rapid No.

Notes

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 19)

Access to the household

Other than you, who lives with the applicant (including in other premises on the property occupied by the applicant, such as sleep outs, baches and other houses) who may have unsupervised access to applicant's house? List names and ages.

(Continue on separate sheet if necessary)

1. Surname Forename/s

Age Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 19)

2. Surname Forename/s

Age Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 19)

3. Surname Forename/s

Age Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 19)

Is there anything that happens in this household that would cause you concern if the applicant had a firearm or access to firearms?

☐ Yes ☐ No

Any further comment?

Do you consider the applicant suitable to have/have access to firearms?

☐ Yes

☐ No

Why do you hold this view?

Would you have concerns for the safety of any person if the applicant had (or had access to) firearms?

☐ Yes

☐ No

Why do you hold this view?

Do you know of any reason whatsoever as to why police should refuse to issue a firearms licence to the applicant?

☐ Yes

☐ No

Why do you hold this view?

Any further comment?

Declaration

IMPORTANT: You may be required to justify your opinion on oath in Court. It is an offence to intentionally supply false or misleading information.

I declare that the information I have given is true and correct

Referee's name:

--

Signature:

--

Witnessed

Licensing Vetting Officer/
Police Employee name:

--

Signature:

--

QID:

--

Date:

--

Discussing Vetting Officer's observations and notes

Is there any evidence/suggestion that the spouse/partner/next of kin is afraid of the applicant?

☐ Yes ☐ No

Observed behaviour supporting this view?

Other comments and summary of interview.

(Including observations of their behaviour, demeanour and their premises)

MANDATORY REFERENCE:
Spouse/Partner/N.O.K

Secs:
9-10

11. Applicant Interview Record

Mandatory for ALL applications for firearms licence

The applicant must be interviewed, and their identity confirmed, at their home.

Tell me how long you have been at your present address, and what was your previous address?

	Previous address	

Tell me how long you have been in your job and what you do?

Tell me your reasons for wanting a licence

Where do you intend to use the firearm(s)?

Tell me about your experience with firearms?

Tell me about your firearm interests, e.g. collecting, target shooting etc?

Are you a member of any firearms clubs or associations?

Tell me about lending your firearms to others (precautions to take).

Personal history

Have you ever been the subject of a non-molestation/non-violence order or domestic protection order or harassment order or trespass order or police safety order?

☐ Yes ☐ No

Details:

Has a medical practitioner ever referred you to a psychiatrist or psychologist?
If yes, please provide details. (Append report if necessary)

☐ Yes ☐ No

Have you ever come to the attention of police for criminal offending including traffic offences?

☐ Yes ☐ No

Tell me about the offending:

Do you have any drink drive convictions?

☐ Yes ☐ No

Have you ever previously made an application for a firearm licence in New Zealand or any other country, and been refused?

☐ Yes ☐ No

Details:

Current spouse/partner?

☐ Yes ☒ No

Name:

How long have you been in
your present relationship?

Years

Months

How would you describe
your relationship with your
current spouse/partner?

How would your current
spouse/partner describe
your relationship?

Relationship history

Previous spouse/partner?

☐ Yes ☐ No

Name:

D.O.B

Phone

Mobile

How long was this relationship?

Years

Months

How would you describe
your relationship with this
person now?

How would your previous
spouse/partner describe the
relationship now?

For applicant 16 or 17 years of age

Do your parents support this application?

☐ Yes ☐ No

Licensing vetting officer has made contact with both parents?

☐ Yes ☐ No

Comments:

Parents contact details (if not spoken to by the Licensing Vetting officer)

Alcohol/drug use history

Do you consume alcohol?

☐ Yes ☐ No

How often:

☐ Daily ☐ Weekly ☐ Seldom ☐ N/A

Amount usually consumed at one time?

☐ 1 to 2 standard drinks ☐ More than 4 standard drinks

Does this consumption ever impair your judgement?

☐ Yes ☐ No

Comment:

How? When?

Frequency?

Do you consume drugs or take any medication (prescribed or otherwise)?

☐ Yes ☐ No

Name of drug/medication:

Describe the purpose of the drug/medication:

How often:

☐ Daily ☐ Weekly ☐ Seldom ☐ N/A

Describe consumption:

Does this consumption or failure to take the drug/medication ever impair your judgement?

☐ Yes ☐ No

Comment:

How? When?

Frequency?

Have you ever attempted to take your own life?

☐ Yes ☐ No

How?

When?

Frequency?

Have you had any adverse life-events in the past 12 months (e.g. death, divorce, employment loss, death related incident, other stress-inducing incident)?

☐ Yes ☐ No

Details:

Any further comment:

Applicant's background and person(s) who live or associate with the applicant

Do you, or anyone in your household, or anyone who regularly visits have (or has had in the past) any of the following:

Category	Applicant			Other person(s)		
	Yes	No	Don't know	Yes	No	Don't know
1. Psychological or psychiatric disorder or illness of any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Stress disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Post traumatic reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Substance misuse (including alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. On any medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Disordered interpersonal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Mental breakdown of any kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Exhibited behaviours suggesting anger or violence (including domestic violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Any head injury requiring treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fits, dizziness, blackouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Any convictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Any other involvement with police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Associations with any gang, criminal group/individual or activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If YES was the answer to any of the above categories, concerning anyone other than the applicant, please provide the following information, and refer to category numbers.

- Category(s) Relationship to applicant Age

Surname Forename/s

Address Phone

Rapid No.

Notes

(Full report, if required, included in 'Licensing vetting officer's observations and notes' on page 28)
- Category(s) Relationship to applicant Age

Surname Forename/s

Address Phone

Rapid No.

Notes

(Full report, if required, included in 'Licensing vetting officer's observations and notes' on page 28)
- Category(s) Relationship to applicant Age

Surname Forename/s

Address Phone

Rapid No.

Notes

(Full report, if required, included in 'Licensing vetting officer's observations and notes' on page 28)

Access to the household

Other than you, who else may gain access to any firearm(s) held by you? List names and ages.

You **MUST** include all people who live in your household and extended family (who may access your firearm(s), with or without your permission), and friends and other people who you intend to allow access to your firearm(s) (under supervision) who do not have a current firearms licence.

☐ No others ☐ Information the same as gathered from Referee Interview

1. Surname Forename/s

Age Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

How will this access occur?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 28)

2. Surname Forename/s

Age Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

How will this access occur?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 28)

3. Surname Forename/s

Age Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

How will this access occur?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 28)

Access information continued on following page

4. Surname

Forename/s

Age

Relationship to applicant

Do you have any concerns if they have access to firearms?

☐ Yes☐ No*(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)*

If YES, why?

How will this
access occur?*(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 28)***Applicant's attitude towards firearms**

Do you consider that you are suitable to have/have access to firearms?

☐ Yes☐ No

Why do you hold this view?

Would you have any concerns for the safety of any person if you had a firearm(s)?

☐ Yes☐ No

Why do you hold this view?

Is there any other information which may have bearing upon the decision by police to issue you
with a firearms licence?☐ Yes☐ No

Comment/details:

Tell me your responsibilities
when using firearms;
such as on private land,
in self defence?

Tell me what arrangements do you have for the disposal of your firearms in the event you cease to be fit and proper, for whatever reason, or in the event of your sudden death or incapacitation?

Have you included instructions for firearms disposal in your will?

☐ Yes ☐ No

Tell me your responsibilities with respect to notifying changes of your address?

Are there any points/ issues arising from vetting enquiries?

Declaration

IMPORTANT: You may be required to justify your opinion on oath in Court. It is an offence to intentionally supply false or misleading information.

I declare that the information I have given is true and correct

Applicant's name:

Signature:

Witnessed

Licensing Vetting Officer/
Police Employee name:

Signature: QID:

Date:

Sec:
11

[illegible]

12. Security Inspection

Mandatory for all licence applications (Reg. 19).

Note to licencing staff:

- The security for the licence applied for must be physically inspected by you (there are NO exceptions to this).
- Cupboards/wardrobes and the like which are also used for purposes other than storing firearms are not acceptable as firearms storage, unless the firearm is *also* secured by rack or stout container.

Date of inspection:	<input type="text"/>	Sporting-configured firearms ("A-Cat"), number held at date of inspection:	<input type="text"/>
Time:	<input type="text"/>	"A-Category" security sufficient to contain:	<input type="text"/> (number)
Comments:	<input type="text"/>		
(explain any discrepancy re: storage space and number of firearms held)	<input type="text"/>		
	<input type="text"/>		

General security requirements:

Address confirmed as applicant's. ☐ Yes ☐ No

If no, why not?

Other sites where firearms
will be stored (if other
than applicant's residential
address) – OR additional
addresses (bach etc).

1.

2.

Why stored there?

Other site(s) security checked? ☐ Yes ☐ No

Checked by: QID:

Other person firearms
stored with:

Name

Firearm Licence No. Phone

Are the other site(s) often left
vacant? ☐ Yes ☐ No

Details of additional security
measures taken (if often left
vacant):

Names of other people who live at, use, visit, frequent or otherwise have access to the alternative storage site and/or regular storage site:

☐ Completed in applicant interview page 26

☐ No others

1. Surname Forename/s

Age Relationship to applicant

Access: ☐ Home site ☐ Alternate site

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 29)

2. Surname Forename/s

Age Relationship to applicant

Access: ☐ Home site ☐ Alternate site

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 29)

3. Surname Forename/s

Age Relationship to applicant

Access: ☐ Home site ☐ Alternate site

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 29)

4. Surname Forename/s

Age Relationship to applicant

Access: ☐ Home site ☐ Alternate site

Do you have any concerns if they have access to firearms?

☐ Yes ☐ No

(e.g. Are they likely to be judged "fit and proper" – Do they pose any threat to themselves or others?)

If YES, why?

(Full report, if required, included in 'Licensing Vetting Officer's observations and notes' on page 29)

Are you satisfied that none of these people pose any threat to themselves or others should they gain access to firearms?

☐ Yes ☐ No

Why do you hold this view?

12.1 "A-Cat" Storage

Confirm that firearm(s) safety parts (bolt, magazine, breach block, shotgun forelock), are stored separate from firearm(s)?

☐ Yes ☐ No

Are the keys to the storage kept away from the firearm(s)?

☐ Yes ☐ No

Are the firearms or keys accessible to others?

☐ Yes ☐ No

Are the firearms or keys accessible to children?

☐ Yes ☐ No

☐ Separate ammunition storage? **OR** ☐ Not capable of discharge?

☐ Lockable cabinet/container/receptacle? **AND** ☐ Stout construction

AND ☐ Securely fixed to building

☐ Lockable display cabinet or rack **AND** ☐ Stout construction

AND ☐ Securely fixed to building

Further details:

Use the following to describe the security in place: (tick relevant boxes)

DISPLAY CABINET OR RACK:

Racks are to be physically tested to ensure that the firearms cannot be removed from the rack. It is important to check shorter length barrel firearms that can be broken down, to ensure that they cannot be removed. Racks are to be secured to frame of building by hardened one-way screws or bolted with welded/burred nuts or screws or bolts concealed by firearm when in rack. Rack and Cabinets are to be tested for security of fixings to building. Display cabinet or box is to be physically tested to ensure that the door retaining mechanisms cannot be defeated by simple hand tools or by force applied by hand.

1. Fixing:

☐ Rack/cabinet secured to frame of building

☐ Bolted to wall through at least 2 studs/dwangs

☐ Entire rack/cabinet prevented from being removed

Applicant
initial here

2. **Firearms**
How are the firearms secured in rack or display cabinet (e.g. locked cable, locked rod, padlock)?

(Give details.)

3. ☐ Constructed to prevent firearm removal **AND** ☐ Prevent firing
4. ☐ Capable of resisting reasonable physical attack
5. **Locks:**
☐ Security rated padlocks **OR** ☐ Hardened steel shackle
OR
☐ Locking device/s

Specify

STOUT CABINET OR BOX:

Cabinet or box is to be physically tested to ensure that the door retaining mechanisms cannot be defeated by simple hand tools or by force applied by hand.

1. ☐ Construction – able to withstand attack with hand tools
☐ Wood ☐ Ply ()mm **OR** ☐ Other – describe ()mm
OR
☐ Metal ☐ Mild Steel ()mm **OR** ☐ Other – describe ()mm
2. **3mm Hinges: Hinge pins retained or concealed** **OR** ☐ Other – describe
3. **Locks:**
☐ Two locking mechanisms **OR** ☐ Single locking mechanism
4. **Fixing:**
☐ Bolted or secured to wall **AND/OR** ☐ Floor
5. ☐ Entire cabinet/box prevented from being moved
6. ☐ Wall/floor fixings inside cabinet/box
7. ☐ Bolt and screw heads/nuts burred or welded if not concealed inside cabinet/box

BUilding: (in which rack, box or cabinet is fixed)

Type of building/premises: (Use N.I.A location codes)

1. ☐ Inside premises

OR

☐ Outbuilding

AND

☐ Special circumstances (specify:)

2. ☐ Inside confined space (specify:)

3. Is the building structurally sound?

☐ Yes

☐ No

4. ☐ Alarms:
Audible

AND

☐ Monitored

Certificate: To be completed by a Police Employee who has completed the security inspection.

☐ I certify that I have visited the location of the firearms secure storage, inspected it and have made other enquiries as I have considered to be necessary, and am therefore satisfied that the applicant's security arrangements comply with the Arms Regulations in respect of a standard Firearms Licence:

OR

☐ I consider the applicant's security arrangements are **NOT** sufficient for the granting of the licence applied for.

Licensing Vetting Officer/
Police Employee name:

Signature:

QID:

Date:

13. Firearms Held

Details of firearms in sporting configuration may be recorded. In any case the number (Sec. 1.1) of firearms in sporting configuration held by the applicant must be recorded, confirming that the security in place at time of inspection is commensurate for this number of firearms.

14. Regulation 19 (Extract)

Regulation 19 (extract) – Conditions relating to security precautions

(1) Every firearms licence shall be subject to the following conditions:

- (a) The holder shall not put a firearm in such a place that a young child has ready access to it:
- (b) The holder, where he or she has both a firearm and ammunition for it in his or her possession, either –
 - (i) Shall take reasonable steps to ensure that the ammunition is not stored in such a way that a person who obtains access to the firearm also obtains access to the ammunition; or
 - (ii) Shall ensure that, where the ammunition is stored with the firearm, the firearm is not capable of being discharged:
- (c) The holder shall take reasonable steps to ensure that any firearm in holder's possession is secured against theft:

(2) On and after the 1st day of July 1993 the reasonable steps required by subclause (1)(c) of this regulation shall include –

- (a) Keeping on the holder's premises –
 - (i.) A lockable cabinet, container, or receptacle of stout construction in which firearms may be stored; or
 - (ii) A lockable steel and concrete strongroom in which firearms may be stored; or
 - (iii) A display cabinet or rack in which firearms may be immobilised and locked so that none of them may be fired; and
- (b) Keeping locked or immobilised and locked in the cabinet, container, receptacle, strongroom, display cabinet, or rack required by paragraph (a) of this subclause every firearm which is on the holder's premises and which is not under immediate and personal supervision of the holder or some other holder of a firearms licence; and
- (c.) Ensuring that no firearm in the holder's possession is left in a vehicle that is unattended.

