



Dealer's licence and dealer endorsements

New or renewal of licence application form

Section 5, Arms Act 1983

This application form is for all applicants applying for:

1. a new dealer's licence OR
2. a new dealer's licence with Pistol, or Restricted weapons, or Prohibited firearms, or Prohibited magazines endorsement(s) OR
3. renewal of their dealer's licence (and endorsements) OR
4. Pistol, or Restricted weapons, or Prohibited firearms or Prohibited magazines endorsement(s) on their dealer's licence.

Who needs a dealer's licence?

You must hold a dealer's licence to carry on any of the following activities:

- » the business of selling, hiring, lending, or otherwise supplying a class of arms items
- » possessing, for the purposes of an auction, a class of arms items
- » the business of repairing or modifying a class of arms items
- » displaying, as the director or curator of a bona fide museum, a class of arms items
- » the business of manufacturing for sale, hire, lending, or other supply a class of arms items
- » manufacturing prohibited parts for the purposes of permitted supply (as defined in section 4A(3))

A body corporate can conduct any of the above activities **only if** a senior manager of the body corporate has a dealer's licence authorising the manager to carry on the activities in relation to a class of arms items on behalf of the body corporate.

Who does not need a dealer's licence?

You do not require a dealer's licence in order to conduct activities involving a class of arms item if you are:

- » a firearms licence holder who offers commercial hunting guide services, and during the provision of those services supply no more than 6 firearms to 1 or more clients at any one time
- » a member of a shooting club who engages in the selling, hiring, lending, or supplying of firearms to club members or on club premises where:
 - › the approval of the management committee of the club or a majority vote of club members has been received; and
 - › the revenue from the sale, hire, lending, or supply of the firearms is used for the benefit of the club.

Who can apply?

To apply for a dealer's licence you need to meet the following criteria:

- » you are sixteen years of age or older;

OR

- » you are at least eighteen years of age if you are also applying for an endorsement to deal in prohibited firearms, and/or prohibited magazines;

AND

- » you must hold a current New Zealand firearms licence.

What you need to do

1. Complete this application form

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 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.

- » **Download the application 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.

2. Provide confirmation that the proposed business has a sound financial basis

If you are a senior manager of a body corporate or a business owner applying for, or renewing, a dealer's licence you need to provide confirmation from your accountant or business advisor that your business has a viable business plan and that the business is financially sound.

3. Pay the fee

Pay the application fee at a [New Zealand PostShop](#) and obtain a receipt to include with your application. There are separate fees for a dealer's licence application and for application for endorsement to a dealer's licence.

4. Get the required documents

To submit your printed new application or renewal application form by mail to Kapiti Digital Services Centre or at a police station you'll need to include:

- » a copy of the PostShop receipt of your licence application or renewal fee
- » two identical passport style photos (see the Proof of Identity - Photographs section of this application form)
- » 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
- » copies of other required documents, such as the letter from your accountant or other documents as indicated in the application form.

5. Submit your application to Police

Hand in your printed application form and required documentation. Submit your printed application form at your local [Police station](#) or post it to Kapiti Digital Services Centre, PO Box 722, Paraparaumu 5032.

What you will need to apply

To assist you in the process, please ensure you read the following carefully before you commence your application for a new dealer's licence and/or endorsement, or renewal of your dealer's licence (and endorsement/s). An incomplete form will cause delays in processing your application.

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

- » identify the activities you wish to conduct and the class(es) of firearms with which you wish to conduct the activities for the next 12 months,
- » supply names and contact details for referees who will be interviewed by police as to your suitability to hold a dealer's licence,
- » provide details of people who are business associates, or work at, or may have free or unsupervised access to, your place of business and any premises where you intend to store firearms,
- » provide a letter from your accountant or financial advisor confirming the business is being established or is operating with a sound financial structure,
- » if applying as a senior manager of a body corporate supply details of:
 - › the record-keeping systems used to ensure compliance with legislation and regulatory requirements, and
 - › the addresses of all premises and the details of the dealer's licence holder managing at each of the premises
- » attend a face to face interview with a member of Police to discuss your suitability to hold a dealer's licence.

If you need more space than provided in each section of the application form, record the additional information in the appendices 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. Further information is available on our website www.firearmsafetyauthority.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 be a dealer in firearms (including prohibited firearms), magazines (including prohibited magazines), parts (including prohibited parts), airguns, pistols, restricted weapons or pistol carbine conversion kits - as appropriate to your business.

When Police are assessing whether you are a fit and proper person to have a dealer's licence, Police will consider your overall character and business background including information provided by you and your referees, as well as other information held or obtained by Police.

This includes considering:

- » whether you have the competencies and resources to carry on the dealer activity or activities for which the dealer's licence is sought,
- » any convictions,
- » whether you have a sound knowledge of firearms,
- » your understanding the legal obligations of a holder of a dealer's licence and complying with all requirements of the Arms Act and Arms Regulations,
- » your understanding the legal obligations of a holder of a firearms licence, including an understanding of the endorsements that may be made on a firearms licence, and being able to provide advice to licence holders and the public on those obligations,
- » any other matters Police considers relevant.

In the case of an applicant who is a senior manager of a body corporate, applying for a dealer's licence to enable the body corporate to carry on a dealer activity, Police will also consider:

- » whether the body corporate has appropriate record-keeping systems and other systems to comply with the requirements of this Act and any regulations made under this Act,
- » if the body corporate operates from two or more places of business there will be, at each of those places, a manager who has appropriate oversight and control of the proposed dealer activity or activities to be carried on at that place,
- » any other matters Police considers relevant.

NOTE: Other matters Police may consider relevant include (but are not limited to):

- » ability to safely and competently possess large numbers of firearms,
- » ability to run their business with due skill and care, and actively overseeing the dealer activities with appropriate policies and procedures,
- » managing firearms stocks responsibly and storing all firearms securely.

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

You will need to:

- » attend a face to face interview with Police to discuss your application and determine if you are a fit and proper person to operate a firearms business,
- » show your secure storage facilities are suitable for the proposed activities and the classes of arms items held for those activities.

Note: Applying for or renewing a dealer's licence is an activating circumstance. If this is your first activating circumstance, you are required to register all firearms in your personal possession within 30 days. You can do this online in MyFirearms or by calling the Registry and Services team on 0800 844 431. Find out about the Registry and your legal obligations as an individual licence holder and what it means for dealers at firearmsafetyauthority.govt.nz/registry.

Proof of identity

Identity documentation

You must provide documentation to prove your identity.

Required personal identification

- Current New Zealand firearms licence

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.

If you cannot meet the above identification requirements, please call the Registry and Services Team on 0800 844 431 to discuss your application.

When submitting a handwritten application, please attach copies of the original documents to your application. Do not send original documents.

The original 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 have two identical, good quality photographs available 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.

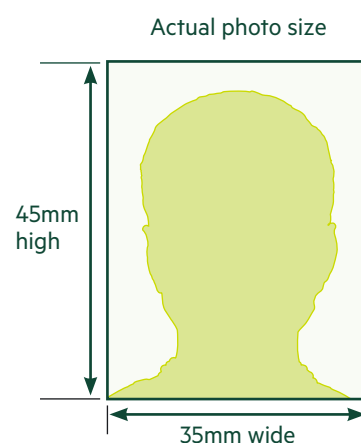
The photos must:

- » have been taken within 12 months of 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 on good quality paper and measure 45mm x 35mm untrimmed.

Note: Failure to provide photographs of an acceptable standard will result in your application being delayed. A scanned copy of a photograph is not acceptable. Passport photos from commercial outlets will typically meet these requirements. When submitting a printed application, do not attach the photos to the form with paper clips or staples.



Fees

Applicants for a dealer's licence or those applying to renew an existing current licence must pay the appropriate fee(s) at the time of making the application.

Applicants are required to:

- » pay the dealer's licence application fee, and/or
- » pay the dealer endorsement application fee if applying for endorsement(s)

For information on current fees, go to the [Apply for a dealer's licence](#) page on our Te Tari Pūreke website.

Licence duration

The duration of a dealer's licence, whether new or renewal, is 12 months unless it is surrendered or revoked earlier (Arms Act 1983 s8A).



Dealer's licence and dealer endorsements

New or renewal of licence application form

Privacy Statement

The information provided is collected for the purpose of administration of the Arms Act 2020. 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.

Incomplete answers: Please ensure you provide a comprehensive answer to each question. Incomplete answers may delay the processing of your application.

Please write legibly if completing this form by hand.

Section A. Licence information

Section A1: Dealer's licence application information

A.1. I am applying for a new dealer's licence or renewal of a dealer's licence in my capacity as a:

- Business owner Store manager Body corporate senior manager

If a senior manager of a body corporate what is the name of the ultimate holding company?

A.2. Current dealer's licence number
(if you are applying to renew your licence)

A.3. I wish to also apply or reapply for a dealers pistol and/or restricted weapons endorsement, Arms Act 1983 s29(2A):

- No Yes **If 'Yes', please complete section E**

A.4. I wish to also apply or reapply for a dealers prohibited items endorsement, Arms Act 1983 s30A(2):

- No Yes **If 'Yes', please complete section E**

Section A2: Current firearms licence information

A.5. Details of my current firearms licence

Firearms licence number:

Endorsements currently held:

Firearms licence expiry date:

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

Section B. Personal information

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

Applicants to answer all questions in this section

B.1. Name

Last name

First name

Middle names

B.2. Date of birth

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

B.3. Gender

- Male Female Gender diverse

Section B continued overleaf ...

B.4. Occupation**B.5. Current employer****B.6. 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.7. Email address**B.8. Home address**

Number and street

Suburb

Town/City

Postcode

B.9. Postal address
 Same as home address Different from home address

Number and street

Suburb

Town/City

Postcode

B.10. Are you entitled to work in New Zealand? Citizen/permanent resident Visa holder Type of visa (e.g. work)

Expiry date of visa

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

Section C. Dealer business details

Please provide us with details of the nature of your business, including locations, principal activities and the classes of firearms items in which you deal, or intend to deal. If details are not provided, this may delay processing of your application.

Business details *Applicants to answer all questions in this section***C.1. Business name****C.2. Company number (for limited liability companies)****C.3. New Zealand business number****C.4. How long has the business been operating**

Years

Months

C.5. Role in the business Business owner Body corporate senior manager Store manager Other*Please provide details below.*

Section C continued overleaf ...

C.6. Place of business *List your principal place of business here. If you operate two or more stores as an Owner or Body corporate senior manager list all other locations in C.12. Other place of business locations*

Number and street

Suburb

Town/City

Postcode

C.7. Postal address

Same as place of business Different from place of business *Please provide details below.*

Number and street

Suburb

Town/City

Postcode

C.8. Please indicate the business activities you wish to undertake and which classes of arms item for each activity.
Select all that apply

Business Activity	Class 1	Class 2	Class 3	Class 4	Class 5*	Class 6*	Class 7*	Class 8*	Class 9*	Class 10*	Class 11
Selling (retail or wholesale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otherwise supplying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairing & modifying (e.g. gunsmith)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displaying as a director or curator of a bona fide museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing for sale, hire, lending or other supply^	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing prohibited parts for permitted supply#									<input type="checkbox"/>		

Only persons who are an exempt person by reason of Arms Act 1983 s4A (1A) can continue to manufacture prohibited parts for permitted supply.

^ If you indicate 'Manufacturing for sale, hire, lending or other supply' and wish to manufacture pistols, restricted weapons, pistol carbine conversion kits or air pistol carbine conversion kits you must complete an Application by dealer for approval to manufacture form [FRM06BMAN](#) and submit it with this application.

* Columns with orange highlighting indicate that you must be granted the appropriate endorsement before you can conduct business activities with these classes of arms items.

Key – classes of arms items:

Class 1 – Hunting & target shooting rifles & shotguns

Class 5 – Pistols

Class 9 – Prohibited parts

Class 2 – Airguns

Class 6 – Pistol Carbine Conversion Kits

Class 10 – Restricted weapons

Class 3 – Magazines (non-prohibited)

Class 7 – Prohibited firearms

Class 11 – Air Pistol Carbine Conversion Kits

Class 4 – Parts (non-prohibited)

Class 8 – Prohibited magazines

C.9. In addition to the classes of arms items indicated above will you possess, and deal in, ammunition as part of your business activities?

No Yes

C.10. What other licences do you hold?

Auctioneer Second hand dealer Pawnbroker

Section C continued overleaf ...

C.11. Do you require Local Authority Planning Consent to operate the business in the proposed/current location?

No Yes *If yes, what is the current status of your consent application?*

Business owners or Senior managers only

C.12. If you [will] also conduct business from premises other than those described in C.6. above please provide details here of each location and the dealer's licence holder who is or will be the on-site manager.

Place of business name	Location physical address	Store manager full name (Dealer in charge)	Manager's dealer's licence number & version number	Manager's dealer's licence status
				<input type="radio"/> Current <input type="radio"/> Applied for
				<input type="radio"/> Current <input type="radio"/> Applied for
				<input type="radio"/> Current <input type="radio"/> Applied for
				<input type="radio"/> Current <input type="radio"/> Applied for
				<input type="radio"/> Current <input type="radio"/> Applied for
				<input type="radio"/> Current <input type="radio"/> Applied for
				<input type="radio"/> Current <input type="radio"/> Applied for
				<input type="radio"/> Current <input type="radio"/> Applied for
				<input type="radio"/> Current <input type="radio"/> Applied for
				<input type="radio"/> Current <input type="radio"/> Applied for

Section D. Business operations

Please provide details of your current and/or planned operations.

All applicants *Please provide details of your business experience*

D.1. Please describe your prior experience using firearms.

Outline your experience using firearms, hunting experience, club membership, collecting interests, etc.

D.2. How long have you been engaged in a firearms related business?

Years Months

--	--

D.3. How long have you been engaged in a non-firearms related business?

Years Months

--	--

D.4. Please describe your business experience with firearms that is applicable to the business activities stated in this dealer's licence application.

D.5. Describe your business knowledge and skills that ensure you can adequately control your business.

Section D continued overleaf ...

D.6. Describe your technical skills, knowledge and safety plans that ensure you can safely undertake your business.

D.7. Please describe the transaction and stock recordkeeping you use, or will use.

Also describe the access Police are allowed to your records.

D.8. Describe in your own words the obligations you are required to fulfil as a licensed dealer.

Describe in respect of the Arms Act and Arms Regulations.

D.9. Describe in your own words how you will ensure you, and any staff, always meet these obligations.

Describe in respect of the Arms Act and Arms Regulations.

Section D continued overleaf ...

Business owners and body corporate senior managers only*Please provide details of the following in relation to the business you own or are the senior manager***D.10. Please describe your purchase and supply arrangements with your suppliers***(their names, and a general summary of any contractual arrangements and terms of trade).*

D.11. Describe the market you trade in, or intend to trade in*(cover the type(s) of customers, how you will market the business, and your unique selling point).*

D.12. Describe the types of interactions you have had with authorities*(e.g. Police, government departments, local bodies, professional organisations).**Please address events of a regulatory or compliance nature and the outcomes of those events.*

Business owners and body corporate senior managers only*Please provide details of your business structure and prior business management experience.***D.13. Please explain the business structure you trade under, or intend to trade under**

- Sole trader
 Partnership
 Limited company
 Other *Please provide details*

D.14. Will you personally manage and operate the business day to day?

- No *If 'No', please explain who will manage the business*
 Yes

Last name

--

First name

Middle names

--

--

Dealer's licence number

--

Section D continued overleaf ...

D.15. **Have you ever been adjudged bankrupt, or been a director of a company put into receivership or liquidation?**

- No
- Yes

D.16. **Have you ever been banned from being a company director or from holding a senior management position in a company?**

- No
- Yes

D.17. **Have you ever been investigated or prosecuted by IRD, ACC, MBIE or any other government department for taxation, levy or any business practice related offences?**

- No
- Yes

D.18. **If 'Yes' for any of questions D.15, D16 or D17, please explain here:**

D.19. **Letter from your accountant (or business advisor) attached confirming the business is in, or is being established with, a sound financial structure.**

NOTE: The letter needs to state that you have a viable business plan/model and that the business is financially sound.

- No **If not, why isn't a letter included? For example - are you providing a copy of your business plan?**
- Yes

D.20. **If you operate your business from more than one place of business describe the processes and procedures you [will] use to maintain control over the on-site licensed dealer manager(s) and the place(s) of business.**

Section E. Dealer's licence endorsements

Dealer possessing pistols or restricted weapons s29(2A) or prohibited firearms or prohibited magazines (s30A) in the course of business.

(Complete this section if you indicated you require a pistol and/or restricted or prohibited firearms and/or prohibited magazines endorsement(s)).

The following questions cover your experience with pistols, restricted weapons, pistol carbine conversion kits, prohibited firearms or prohibited magazines, and your reasons for wanting to possess pistols, pistol carbine conversion kits, restricted weapons, prohibited firearms or prohibited magazines in your capacity as a dealer.

E.1. What endorsement(s) do you require? *Tick all that apply*

- Applying for endorsement to possess a pistol as a dealer
- Applying for endorsement to possess a restricted weapon as a dealer
- Applying for endorsement to possess a prohibited firearm as a dealer
- Applying for endorsement to possess a prohibited magazine as a dealer

E.2. Please describe the reasons why you need to trade in pistols, restricted weapons, pistol carbine conversion kits, prohibited firearms or prohibited magazines.

E.3. Describe your experience in the selling, hiring, manufacture, or repair of pistols, pistol carbine conversion kits, restricted weapons, prohibited firearms and prohibited magazines.

E.4. Describe the technical skills and knowledge you possess to safely undertake this work.

Section E continued overleaf ...

E.5. Describe your obligations to supervise, secure and account for all pistols, pistol carbine conversion kits, restricted weapons, prohibited firearms and prohibited magazines.

E.6. Describe your obligations when supervising pistols, pistol carbine conversion kits, restricted weapons, prohibited firearms and prohibited magazines being shown to, and handled by, a prospective customer OR (if appropriate to your application) when being displayed to museum visitors as part of an exhibition.

E.7. Describe your personal attributes that make you a suitable person to have, or have access to, (large quantities of) pistols, pistol carbine conversion kits, restricted weapons, prohibited firearms and prohibited magazines.

E.8. Describe in your own words the obligations you are required to fulfil as a dealer who holds a pistol, or restricted weapon, or prohibited firearms, or prohibited magazines endorsement(s).

Describe in respect of the Arms Act and Arms Regulations

Section E continued overleaf ...

E.9. Describe in your own words how you will ensure you, and any staff you employ, always meet these obligations.

Describe in respect of the Arms Act and Arms Regulations

Section G. Health details

Health background must be answered by the applicant.

The following information may not preclude you from getting a dealer licence or renewing your licence. We're asking so that we can understand if you will be safe working with large quantities of firearms.

If you answer **yes** to any of the items in question 1 below in this section, please obtain and attach a medical certificate from your health practitioner to this application.

NOTE: This must state that they believe you are fit to possess firearms and that it is safe for you and the public if you were to be in possession of a firearm. If a certificate is not provided, your application cannot be processed.

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

- G.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 |
|---|-----------------------|-----------------------|
| G.1.a. Mental illness of any kind, including depression, stress, anxiety, mental breakdown | <input type="radio"/> | <input type="radio"/> |
| G.1.b. Decline in functioning of memory, thinking, understanding, and judgement | <input type="radio"/> | <input type="radio"/> |
| G.1.c. Substance abuse or dependency (including drug and/or alcohol) | <input type="radio"/> | <input type="radio"/> |
| G.1.d. Exhibiting behaviour suggesting anger or violence (including family harm) | <input type="radio"/> | <input type="radio"/> |
| G.1.e. Drowsiness or problems with memory and thinking caused by illness or medication | <input type="radio"/> | <input type="radio"/> |
| G.1.f. Seizures, dizziness, blackouts | <input type="radio"/> | <input type="radio"/> |
| G.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).

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

No Yes **If yes, what were the circumstances, and is/are the issue(s) that lead to these thoughts or actions been resolved?**

- G.3. During the past two (2) 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.**

Section H. Referees

- » A referee should know you well (for at least the last 3 years) and be at least 25 years of age.
- » You must have regular in-person contact with them.
- » They must have a firearms licence and able to demonstrate long term experience with firearms.
- » They must be available for an in-person interview in New Zealand.
- » They must be able to attest to your character and fitness to possess firearms in a dealer capacity.
- » They should have first-hand knowledge of your experience in firearms dealer related activities.

Referee 1

H.1. Name

Last name

First name

Middle names

H.2. Gender Male Female Gender diverse

H.3. Relationship to you

H.4. Maiden/other names used

H.5. Place of birth

H.6. Date of birth

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

H.7. Driver licence

H.8. Firearms licence

H.9. Contact phone number (at least one of the following)

Mobile

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

Home

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

H.10. Email address

H.11. Home address

Number and street

Suburb

Town/City

Postcode

H.12. How long have you known this person? Years Months

H.13. How frequently do you meet and connect this person?

Daily Weekly Fortnightly Monthly Other **Please describe**

H.14. 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 (visiting, socialising, etc)
- At work
- Business meetings
- Hunting and/or club range
- Phone calls and video calls
- Club meetings
- Social media (e.g. Facebook, etc.)

Please describe

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

Please describe

- Other

Please describe

H.15. When did you last meet with the referee in-person?

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

H.16. How would you describe your relationship with this referee to another person?

H.17. Has this person observed you in a business setting?

- No
- Yes

If 'Yes', please describe the circumstances where they have seen you in a business setting (e.g. where, how often, most recent)

Referee 2**H.18. Name**

Last name

First name

Middle names

H.19. Gender Male Female Gender diverse**H.20. Relationship to you****H.21. Maiden/other names used****H.22. Place of birth****H.23. Date of birth**

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

H.24. Driver licence**H.25. Firearms licence****H.26. Contact phone number** (at least one of the following)

Mobile

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

Home

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

H.27. Email address**H.28. Home address**

Number and street

Suburb

Town/City

Postcode

H.29. How long have you known this person?

Years

Months

H.30. How frequently do you meet and connect this person?
 Daily
 Weekly
 Fortnightly
 Monthly
 Other **Please describe**

Referee 2 continued overleaf ...

H.31. 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 (visiting, socialising, etc)
- At work
- Business meetings
- Hunting and/or club range
- Phone calls and video calls
- Club meetings
- Social media (e.g. Facebook, etc.)

Please describe

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

Please describe

- Other

Please describe

H.32. When did you last meet with the referee in-person?

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

H.33. How would you describe your relationship with this referee to another person?

H.34. Has this person observed you in a business setting?

- No
- Yes

If 'Yes', please describe the circumstances where they have seen you in a business setting (e.g. where, how often, most recent)

Referee 3 – next of kin

- » If you have a current spouse or partner then they must be Referee 3 – next of kin
- » We require details of your spouse or partner (with whom you have a 'relationship akin to marriage').
- » Otherwise, Referee 3 – next of kin must be your closest relative

W

H.35. Name

Last name

First name

Middle names

H.36. Gender Male Female Gender diverse
H.37. Relationship to you

H.38. Maiden/other names used

H.39. Place of birth

H.40. Date of birth

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

H.41. Driver licence

H.42. Firearms licence

H.43. Contact phone number (at least one of the following)

Mobile

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

Home

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

H.44. Email address

H.45. Home address

Number and street

Suburb

Town/City

Postcode

H.46. How long have you known this person?

Years

Months

H.47. How often do you meet this person?
 Daily Weekly Fortnightly Monthly Other **Please describe**

Referee 3 continued overleaf ...

Section I. Associated persons

- 1. List all people who have, or will have, a financial interest or have any form of management control over the business
 - 2. Include all directors and senior managers of any holding company
 - 3. If you need to provide details for more than ten persons please provide their details in the space provided at the end of the application (Section O)
- 1.1. Please list each associated person of your business below**

First names	Last name	Date of birth	Association/Role <small>(e.g. Partner, Shareholder, Director, etc)</small>	Driver licence number	Firearms licence number	Contact phone number
<i>John Alfred</i>	<i>Smithsonian</i>	<i>DD/MM/YYYY</i>	<i>Shareholder</i>	<i>AA123123</i>	<i>T9999999</i>	<i>0279999999</i>
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				

Section I continued overleaf ...

I.2. Do you have any concerns for any person's safety if any person listed above has access to the firearms of the business?

No

Yes

If yes, please identify which person(s) and explain your reason.

Section J. Employees

- List all firearms sales and service staff; including administration staff who have unrestricted/unsupervised access to any arms items or ammunition you employ.
- If you have more than ten staff, provide the details for these other staff members in the space provided at the end of the application form (section P)

J.1. **How many staff work in the business** (other than yourself)?

If you have no staff members please put 0 for this question, and continue to section K. If you have employees please provide details for each person below

J.2. **Please list each associated person of your business below**

First names	Last name	Date of birth	Role in the business <small>(e.g. Salesperson, Administration, Store person, etc)</small>	Driver licence number	Firearms licence number	Contact phone number
John Alfred	Smithsonian	DD/MM/YYYY	Salesperson	AA123123	T9999999	0279999999
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				

Section J continued overleaf ...

J.3. Do you have any concerns for any person's safety if any person listed above has access to the firearms of the business?

No Yes

If yes, please identify which person(s) and explain why.

Section K. Dealer business firearms inventory security

Senior managers must complete this Section for the place of business from which they ordinarily conduct business

When applying as a museum director or curator 'customers' in this section is to be read as museum visitors (whether to public or exhibit storage spaces).

- » Please provide details for the location where you conduct your business (place of business) AND any other storage location where you store any other firearms the business may possess.
- » Section O is available at the end of the application if you need to advise details of a further secure warehouse or storage location.
- » All addresses will be assessed by Police during the review of your application for a dealer's licence, or renewal of your dealer's licence.
- » Security requirements for dealer premises are defined in the Arms Act 1983, and in the Arms Regulations 1992. Firearms storage guidelines are provided in the Firearms secure storage guidance document available on the firearms dealer requirements web page at <https://www.firearmssafetyauthority.govt.nz>.

All applicants

Please provide details of secure storage for arms items

K.1. How are the firearms in the business inventory secured when not displayed for viewing by customers or persons visiting the place of business?

NOTE: Select all that apply

	Steel & concrete room	Steel cabinets, etc.	Safes	Racks	Secure display cabinet
Hunting and target shooting rifles & shotguns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airguns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazines (non-prohibited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Parts (non-prohibited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Pistols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pistol carbine conversion kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prohibited firearms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prohibited magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prohibited parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Restricted weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

K.2. Do you believe all steel cabinets, steel boxes or safes are fixed into the framework of the building in an approved manner?

No **If no, why not and when will this be remediated?** Yes

Section K continued overleaf ...

K.3. Describe the structural and installed security arrangements at this business location; address both building security and firearm secure storage facilities.

(i.e. construction of the building, the secure storage facilities, external and internal security measures, alarm system, after hours security monitoring, bulk security storage, etc.)

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

NOTE: The security must comply with Arms Regulations 1992; Regulation 8 – Conditions relating to security precautions

All applicants continue, except those applying as a museum director or curator - go to K.14.

K.4. How are hunting and target shooting rifles & shotguns displayed for customers to view?

Locked display cabinets Gun racks Other **Please describe**

K.5. Describe the security measures taken to secure the displayed firearms against opportunist theft?

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

Section K continued overleaf ...

K.6. Please describe how pistols or revolvers are managed when being displayed to a customer. (If applicable.)

K.7. Describe the additional security measures taken to secure pistols against theft? (If applicable.)

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

K.8. Please describe how restricted weapons or prohibited arms items are managed when being displayed to a customer? (If applicable.)

(If applicable.)

K.9. Describe the additional security measures taken to secure restricted weapons and prohibited arms items against theft? (If applicable.)

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

Section K continued overleaf ...

K.10. How is ammunition available for sale displayed to customers?

- Locked glass display cabinets Glass counter units Other **Please describe**

K.11. How is displayed ammunition secured against opportunist theft?

K.12. How are airguns and air pistols displayed for customers to view?

- Locked display cabinets Glass counter units Gun racks (airguns only) Other **Please describe**

K.13. Describe the security measures taken to secure air guns and air pistols against opportunist theft?

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

Section K continued overleaf ...

Museum director or curator applicants only

Museum arms item security

K.14. How does [or will] the museum secure arms items when they are being displayed as part of an exhibition?

Describe all measures [to be] taken for each class of arms item you possess.

All applicants

K.15. What is the current/intended storage capacity for the business' firearms?

Rifles and shotguns: (number) Endorsed firearms: (number)

--	--

K.16. Describe the normal occupancy of your principal place of business, and, any further measures taken to ensure the security of firearms stored at the property outside these times.

Please include details of business days and normal business hours.

Description of additional after hours security

Section L. Dealer business record keeping

Please provide details of your [proposed] dealer business record keeping systems including what internet devices you will use at point of sale to access the online Dealer Transactions form. See Te Tari Pūreke website to understand your **dealer record keeping requirements**.

L.1. Please describe the dealer record keeping requirements as they apply to your [proposed] business activities

Describe in respect of the Arms Act and Arms Regulations

L.2. Please indicate the type of dealer book will you use –

Hardcopy Electronic

If electronic, is the dealer book a component of your accounting or inventory system

No Yes

L.3. Please describe how will you ensure the security and retention of the dealer book and information held therein.

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:

- answered all questions relevant to your dealer's licence application or dealer's licence renewal application?
- attached letter from your accountant confirming the financial soundness of your business? (Business owners and body corporate senior managers only.)
- attached a medical certificate (if required – per Health section)
- attached the applicable fee receipt, confirming your payment?
- attached two identical passport style photos of yourself?
- attached any certificates or other documents with additional information if necessary?

Section N. Declaration

Please read and accept each of the following declarations

- I declare that the information I have supplied for this application is true and correct.
- I understand that it is an offence to supply particulars or answers knowing them to be incorrect or misleading.
- I consent to the Police making inquiries into my fitness to operate a firearms dealer business and authorise any person or organisation approached by the Police in this matter to release or disclose all relevant information.

Date

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

If you have printed or handwritten this form, please sign below.

Signature

Section O. Additional associated persons (if more than 10 people)

1. Continue here to list all people who have, or will have, a financial interest or have any form of management control over the business
2. Include all directors and senior managers of any holding company

First names	Last name	Date of birth	Association/Role <small>(e.g. Partner, Shareholder, Director, etc)</small>	Driver licence number	Firearms licence number	Contact phone number
<i>John Alfred</i>	<i>Smithsonian</i>	<i>DD/MM/YYYY</i>	<i>Shareholder</i>	<i>AA123123</i>	<i>T9999999</i>	<i>0279999999</i>
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				

Section P. Additional employees with unrestricted access (if more than 10 staff)

If you have more than ten staff who have unrestricted/unsupervised access to firearms continue listing their details here.

First names	Last name	Date of birth	Role <small>(e.g. Salesperson, Administration, Store person, etc)</small>	Driver licence number	Firearms licence number	Contact phone number
<i>John Alfred</i>	<i>Smithsonian</i>	<i>DD/MM/YYYY</i>	<i>Salesperson</i>	<i>AA123123</i>	<i>T9999999</i>	<i>0279999999</i>
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				

Section Q. Dealer business firearms inventory security (secondary premises)

- Please provide details for all locations where you conduct your business
- Complete this appendix if you also use an additional storage location for secure storage of the business firearms inventory.
- All addresses will be assessed by a member of Police during the review of your application for a dealer licence, or renewal of your dealer licence.

Q.1. Additional secure storage location address

Number and street

Suburb

Town/City

Postcode

Q.2. How are the firearms in the business inventory at this location stored?

NOTE: Select all that apply

	Steel & concrete room	Steel cabinets, etc.	Safes
Hunting and target shooting rifles & shotguns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airguns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazines (non-prohibited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parts (non-prohibited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pistols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pistol carbine conversion kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibited firearms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibited magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibited parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricted weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q.3. Do you believe all steel cabinets, steel boxes or safes are fixed into the framework of the building in an approved manner?

No **If no, why not and when will this be remediated?** Yes

Section Q continued overleaf ...

Q.4. Describe the structural and installed security arrangements at this business location; address both building security and firearm secure storage facilities.

(I.E. construction of the building, the secure storage facilities, external and internal security measures, alarm system, after hours security monitoring, bulk security storage, etc.).

(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(s) to this application.)

NOTE: The security must comply with Arms Regulations 1992; Regulation 8 – Conditions relating to security precautions

Blank lined area for describing security arrangements.

Q.5. What is the current/intended storage capacity for the business' firearms at this location (quantities)?

Rifles and shotguns: (number) Endorsed firearm(s): (number)

Input boxes for storage capacity.

Q.6. Please describe the processes you [will] use to maintain robust control of all stock stored at this location.

Blank lined area for describing control processes.

Q.7. Describe how often the property is unoccupied, and any additional measures taken to ensure the security of firearms stored at the property.

Blank lined area for describing unoccupied periods and security measures.