Firearms Safety and Education New Zealand

New Zealand Firearms Licence Application Form

Section 67, Arms Act 2026

- **The fastest way to apply for or renew your licence is online using MyFirearms**
- **If you need support: phone 0800 844 431 (04 499 2870) between 8:30am and 5pm, Monday to Friday.**
- **You must ensure all sections are complete, otherwise your application will be further delayed.**

Before you apply for or renew a licence

- **Use this form to apply for or renew a firearms licence**
- **If you're visiting New Zealand, you'll need to apply for a visitor's licence**
- **For more information visit: firearmssafety.govt.nz/manage-and-apply/firearms-licence**

Who can apply

To apply for a firearms licence, you must:

- be 16 or over
- have not had a firearms licence revoked in the last 5 years
- not be a disqualified person from having a firearms licence (**section 70 of the Arms Act 2026**).

How much it costs

- First time licence – $126.50
- Renewal before your licence expires – $126.50
- Renewal after your licence has expired – $241.50

Fees include GST and are not refundable, even if your application is refused.

Length of a licence

A new licence is valid for 5 years if:

- it's the first time you've had a firearms licence
- your firearms licence expires before you apply for a new one
- your previous firearms licence was revoked or surrendered (**section 78 of the Arms Act 2026**).

Information you must provide

- a completed form
- proof of identity (refer to page 2)
- a receipt from NZ Post to confirm payment
- other supporting documentation (e.g. medical certificate or criminal checks if applicable)
- other endorsement or recognition applications (if applicable).

Note: Do not staple any documents together. If you run out of space, include details in section P or provide additional pages with your full name on them.

What you need to do

Step 1: Complete the form

- Download the PDF to your computer (to edit, you must have a PDF reader installed: download and install **Adobe Reader free**).
- Complete all questions in full or mark them as not applicable (n/a).
- Collate all your additional documents with the form.

Step 2: Pay the fee and submit the form

- You must pay at your local NZ Post Shop.
- While you're there, send your application and supporting documentation to: National Support Team, Firearms Safety and Education New Zealand, Level 3, 210 Federal Street, Auckland 1010, New Zealand.

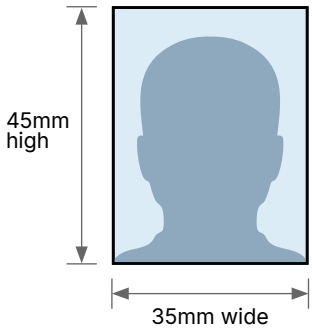
If you are renewing your licence

- You must ensure your records are up to date in the Firearms Registry.

Proof of Identity

Passport style photo required

Example



You must supply one coloured photograph that is similar to a passport photo to be displayed on your licence card. Check your photos using: **onlinephotochecker.passports.govt.nz**

The photos must:

- be taken within 12 months of your application submission
- show a full front view of your face head and shoulders against a light coloured background
- show your face in a neutral expression
- not show you wearing a hat or head covering (except where your religion requires you to wear one).

Note: We will not accept photographs that do not meet these standards. You must print high quality digital photos. Scanned copies of photos will not be accepted.

Identity documents required

If you have a New Zealand firearms licence

You must provide a scan or clear photo of **two** documents:

1: ◯ Your firearms licence card (current or expired within 12 months)

2: ◯ Proof of address dated within the last 3 months (e.g. bank statement or utilities bill with your name and address)

If you do not have a New Zealand firearms licence

You must provide a scan or clear photo of **three** documents:

1: ◯ Proof of address dated within the last 3 months (e.g. bank statement or utilities bill with your name and address)

2: One of the following:

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

3: One of the following:

- ◯ Birth Certificate
- ◯ Citizenship certificate
- ◯ Permanent resident document
- ◯ Identity document issued by secondary or tertiary institution
- ◯ Educational records or certificates
- ◯ Professional or trade association membership certificate
- ◯ Other

Notes:

- Do not send original documents.
- You must bring copies of these documents to your interview.
- All identity documents must be current, unless stated otherwise.
- Do not staple copies to other pages.
- If you are 16 or 17 years of age and don't have the required documentation, you can request your parent or legal guardian to write a declaration to support your application.

After you submit your application

Firearms Safety Course

If this is the first time you have applied for a firearms licence, or your licence expired more than 1 year ago - you will be contacted by our staff with how to book a firearms safety course. You must attend and pass this course before your application can progress.

If you're renewing a valid licence or a licence that expired less than a year ago, you do not need to attend a safety course. Instead, you will be tested during your interview on your knowledge of current firearms safety requirements in the Firearms Safety Code.

Interviews and storage check

Once we've received your application, Firearms Safety and Education New Zealand will carry out further checks to assess if you are fit and proper to possess firearms. This includes:

- an in-person interview to discuss your application
- interviewing your referees
- inspecting your firearms and ammunition storage facilities, such as a gun safe or strong room.

Receiving the decision

After we've assessed your application, you will receive a decision of approved or refused. If your application is approved, you'll receive your licence card in the mail.

Firearms Safety and Education New Zealand

New Zealand Firearms Licence
Application Form

- Please answer all questions in full or as not applicable ('n/a').
- Incomplete answers may delay the processing of your application.
- Please write legibly if completing by hand.

Privacy Statement

The information provided is collected for the purpose of administration of the Arms Act 2026. Firearms Safety and Education 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, Firearms Safety and Education may use or disclose your personal information to enable it to carry out its lawful functions, including prevention, detection, investigation and prosecution of offences.

For more information about how we manage personal information: **firearmssafety.govt.nz/privacy**

Section A

Section A1: Licence information

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

Section A2: Applying for an endorsement

As the holder of, or applicant for, a firearms licence, I am also submitting an application for an endorsement as a:		Select all that apply
A.9.	Member of a recognised pistol target shooting club (pistols only - complete form: **FRM29TS**)	◯
A.10.	Bona fide collector of firearms (complete form: **FRM29CP**)	◯
A.11.	Holder of an heirloom or memento (complete form: **FRM29HP**)	◯
A.12.	Employee or member of a broadcaster or bona fide theatrical organisation or film, television, or video production company (complete form **FRM29TP**)	◯
A.13.	Firearms business employee (complete form: **FRM29DE**)	◯
A.14.	Animal and biosecurity controller endorsements (restricted firearms and/or restricted magazines only) Complete the appropriate **endorsement application form** on **firearmssafety.govt.nz**	◯

Note: Remember to also complete the form of the endorsement you are applying for.

Section A3: Applying for recognition

As the holder of, or an applicant for, a firearms licence, I am also applying for recognition by Firearms Safety and Education as a person who:		
A.15.	may possess restricted ammunition - Collector / Museum. You need to complete the application form: **FRM28YC**	◯
A.16.	may possess restricted ammunition - Researcher. You need to complete the application form: **FRM28YR**	◯
A.17.	intends to operate a business selling ammunition. You need to complete the application form: **FRM22D-AS**	◯

Section B: Personal information

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

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

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

B.1. **Last name**

B.2. **First name**

B.3. **Middle names**

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

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

B.6. **Driver licence number**

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

Home

B.8. **Email address**

B.9. **Place of birth**

B.10. **Date of birth**

B.11. **Home address**
Number and street

Suburb

Town/City

Postcode

How long have you lived here?
From

To

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

Suburb

Town/City

Postcode

How long did you live here?
From

To

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

Suburb

Town/City

Postcode

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

◯ Citizen/permanent resident

◯ Visa holder

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

Expiry date of visa

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

Section C: Employment/education details

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

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

Current employer details

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

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

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

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

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

Years Months

C.5. **Business address**

Number and street

Suburb Town/City Postcode

Current educational facility/school details

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

◯ No ◯ Yes Note: If 'Yes' please provide details of the current, or most recent educational facility / school.

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

C.8. **Course name**

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

Years Months

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

Number and street

Suburb Town/City Postcode

Section D: Reasons for possessing firearms

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

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

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

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

Overseas licences

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

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

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

◯ No ◯ Yes

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

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

Section E: Personal history

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

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

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

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

		No	Yes
E.1.	Are you currently charged with or have you ever been convicted of any offence under the Arms Act 2026	◯	◯
E.2.	Are you currently charged with or have you ever been convicted of any offence in New Zealand or overseas (including, but not limited to, an offence involving violence, drugs, or alcohol)?	◯	◯
E.3.	Are you currently charged with or have you ever been convicted of an offence against any of - section 231A of the Crimes Act 1961; or the Game Animal Council Act 2013; or the Wildlife Act 1953; or the Wild Animal Control Act 1977?	◯	◯
E.4.	During the past five years, have you been deemed not fit and proper to possess or use firearms?	◯	◯
E.5.	Do you have, or have you had at any time had, a Protection Order or Temporary Protection Order made against you under the Family Violence Act 2018; or the Domestic Violence Act 1995; or a restraining order made against you under the Harassment Act 1997?	◯	◯
E.6.	Do you belong to, or associate with, a gang or an organised criminal group, or any individual who does have gang or organised criminal group affiliations?	◯	◯
E.7.	Have you been involved with or provided funding for a designated terrorist entity or extremist group?	◯	◯
E.8.	Do you engage in any activities, including online activities, in groups or forums which exhibit, encourage, or promote violence, hatred or extremism?	◯	◯
E.9.	Have you ever come to the attention of Police for any other matter, including traffic offences or infringement notices, in New Zealand?	◯	◯

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

If you need more space, include your details in Section P and reference this section.

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

Country	Total time

If you need more space, include your details in **Section P** and reference this section.

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

◯ No ◯ Yes

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

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

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

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

Country	Dates

Section F: Health details

Health background

The following questions help us understand if you and others will be safe if you have access to firearms. A 'yes' answer does not mean your application will be refused but it may lead to further examination.

If you answer 'yes' to any of the items in section F.1, you must provide a certificate from your **health practitioner.**

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

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

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

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

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

◯ No ◯ Yes

Note: If 'Yes', what were the circumstances, and are the events that led to these thoughts being resolved?

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

◯ No ◯ Yes **Note:** If 'Yes', please provide details.

F.4. **Do you consume alcohol?**

◯ No ◯ Yes

F.5. **Do you consume recreational drugs?**

◯ No ◯ Yes

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

Health practitioner

Section 69(2C), Arms Act 2026.

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

F.6. **Health practitioner name** (if unknown, include reason)

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

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

Health practice or organisation name

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

F.9. **Postal Address**
Number and street or PO Box number

Suburb | Town/City | Postcode

F.10. **Practice contact number**
Work

F.11. **Email address**

Section G: Referee 1 – next of kin

This referee must be available for an interview. If your referee is based in New Zealand, they must be available for an in-person interview.

Your next of kin referee must be aged 16 or over. They do not need a firearms licence.

They **must be:**

- your spouse or partner (if you are married, in a civil union or a de facto relationship)
- a near relative who knows you well if you do not have a spouse or partner (for example, a parent, step parent, aunt, uncle, grandparent or sibling).

If you are 16 or 17 years old and do not have a spouse or partner:

- You must use your parent, step parent or legal guardian as your next of kin referee.
- If your referee lives overseas, you must also nominate an additional referee who lives in New Zealand and knows you well. Include their details in Section P and reference this section.

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

G.2. **Last name**

G.3. **First name**

G.4. **Middle names**

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

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

G.7. **Place of birth**

G.8. **Date of birth**

G.9. **Driver licence**

G.10. **Firearms licence**

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

Mobile

Home

G.12. **Email address**

G.13. **Home address**

Number and street

Suburb

Town/City

Postcode

Country (if other than New Zealand)

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

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

◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Less frequently

◯ Other (please describe)

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

G.17. **How do you typically meet and connect with this person?**

	Select all that apply	Select the most frequent method of contact (select one only)
In-person - living at same address	◯	◯
In-person - visiting, socialising, etc.	◯	◯
In-person - hunting and/or club range	◯	◯
Phone calls /video calls	◯	◯
Social Media (e.g. Facebook, etc.)	◯	◯
Other online (e.g. gaming, etc.)	◯	◯
Other	◯	◯

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

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

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

G.20. **If this referee is your spouse / partner or next of kin, do they live with you or at any location where your firearms will be stored?**

Yes ◯ Complete G.21. below.

No ◯ Go to Section H, page 15.

G.21. **Does your spouse/partner or next of kin:**

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

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

If you need more space, include your details in **Section P** and reference this section.

Section H: Referee 2 – unrelated

This referee must be available for an in-person interview.

Your unrelated referee **must:**

- be aged 20 or over
- be living in New Zealand
- know you well enough to attest to your character and fitness to possess firearms – this must be someone you've known and been in regular face-to-face contact with for a significant period of your life, at least 3 years.

Your unrelated referee **must not:**

- be related to you (for example, not your parents, step parents, cousin, aunt or in-laws)
- live at the same address as you (for example, not your flatmate, lodger or boarder)
- be your current spouse or partner, a former spouse or partner within the past 5 years, or an otherwise related person
- be employed by you or New Zealand Police
- be the same person as your endorsement referee

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

H.2. **Last name**

H.3. **First name**

H.4. **Middle names**

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

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

H.7. **Place of birth**

H.8. **Date of birth**

H.9. **Driver licence**

H.10. **Firearms licence**

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

Home

H.12. **Email address**

H.13. **Home address**
Number and street

Suburb

Town/City

Postcode

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

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

◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Less frequently

◯ Other (please describe)

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

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

	Select all that apply	Select the most frequent method of contact (select one only)
In-person - living at same address	☐	◯
In-person - visiting, socialising, etc.	☐	◯
In-person - hunting and/or club range	☐	◯
Phone calls /video calls	☐	◯
Social Media (e.g. Facebook, etc.)	☐	◯
Other online (e.g. gaming, etc.)	☐	◯
Other	☐	◯

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

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

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

Section I: Former spouse/former partner

- You must provide details of former spouses or partners you've had a relationship with at any time during the past five years (if you've been married, in a civil union or a de facto relationship).
- If you have had more than one former spouse or partner within the past five years, include their details in **Section P** and reference this section.
- If your referee is a close associate, you must provide an additional unrelated referee. Please include their details and the reason for using a close associate in **Section P** and reference this section.

I.1. **Last name**

I.2. **First name**

I.3. **Middle names**

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

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

I.6. **Place of birth**

I.7. **Date of birth**

I.8. **Driver licence**

I.9. **Firearms licence**

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

Home

I.11 **Email address**

I.12 **Home address**
Number and street

Suburb

Town/City

Postcode

Country (if other than New Zealand)

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

Months

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

I.15. **How often do you see this person?**
◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Less frequently
◯ Other (please describe)

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

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

	Select all that apply	Select the most frequent method of contact (select one only)
In-person - living at same address	☐	◯
In-person - visiting, socialising, etc.	☐	◯
In-person - hunting and/or club range	☐	◯
Phone calls /video calls	☐	◯
Social Media (e.g. Facebook, etc.)	☐	◯
Other online (e.g. gaming, etc.)	☐	◯
Other	☐	◯

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

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

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

Section J: Parent/Guardian

For applicants 16 or 17 years of age only

If you are 16 or 17 years old, you must provide the details of all your parents, step parents and legal guardians. If their details cannot be provided, include an explanation. If you need more space, add the details to **Section P** and reference this section.

Do not include the details of people you have already included in the application.

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

◯ No ◯ Yes

Note: If 'No', please provide an explanation.

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

J.2. **Last name**

J.3. **First name**

J.4. **Middle names**

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

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

J.7. **Place of birth**

J.8. **Date of birth**

J.9. **Driver licence**

J.10. **Firearms licence**

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

Mobile

Home

J.12. **Email address**

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

◯ No ◯ Yes

Note: If 'No' please provide their address details.

Number and street

Suburb

Town/City

Postcode

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

J.14. **Last name**

J.15. **First name**

J.16. **Middle names**

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

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

J.19. **Place of birth**

J.20. **Date of birth**

J.21. **Driver licence**

J.22. **Firearms licence**

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

Mobile

Home

J.24. **Email address**

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

◯ No ◯ Yes

Note: If 'No' please provide their address details.

Number and street

Suburb

Town/City

Postcode

Section K: Security Arrangements

- You must provide details of your firearms and ammunition secure storage at your home address and any additional addresses where you may store your firearms and ammunition.
- Your security arrangements will be reviewed and inspected by Firearms Safety and Education. For more information about storage requirements: **firearmssafety.govt.nz/ firearms-safety/storage-and-transportation-firearms-and-ammunition**

K.1. Home address (your address as provided in Section B.)

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

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

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

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

Hunting and target shooting rifles and shotguns:

Endorsed items:

K.1.d **Indicate your ammunition storage capacity (quantity of rounds/cartridges)**

K.2. Additional security locations

You must provide security details if you will be storing your firearms and/or ammunition at an address additional to your home address (e.g. at a holiday home, at a business location, with another licence holder).

If you need more space, include your details in **Section P** and reference this section.

K.2.a. **Additional address**

Number and street

Suburb

Town/City

Postcode

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

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

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

K.3. Mobile homes

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

- While that vehicle or unit is being used as your temporary or permanent home
- When you have secure storage there that has been inspected and approved by Firearms Safety and Education

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

◯ No ◯ Yes **Note:** If 'Yes', provide Registration Number:

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

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

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

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

Number and street

Suburb | Town/City | Postcode

K.3.e. **Is this address a (tick one):**
Note: If 'Other', please describe. ◯ Public camping ground ◯ Private property ◯ Other

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

◯ No ◯ Yes

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

◯ No ◯ Yes

Section L: Access to firearms storage locations

You must provide details of all:

- people who live at your home address over 18 years old
- people who may have free or unsupervised access to your home address or any additional address you have listed as a firearms and ammunition storage location.
- **Do not include** the details of people you have already included in the application.

Associated Person 1

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

L.2. **Last name**

L.3. **First name**

L.4. **Middle names**

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

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

L.7. **Place of birth**

L.8. **Date of birth**

L.9. **Driver licence**

L.10. **Firearms licence**

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

Home

L.12. **Email address**

L.13. **Home address**
Number and street

Suburb

Town/City

Postcode

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

◯ No ◯ Yes

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

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

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

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

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

Years Months

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

◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Less frequently

◯ Other (please describe)

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

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

◯ No ◯ Yes

Please describe. If you need more space, include your details in **Section P** and reference this section.

Associated Person 2

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

L.21. **Last name**

L.22. **First name**

L.23. **Middle names**

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

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

L.26. **Place of birth**

L.27. **Date of birth**

L.28. **Driver licence**

L.29. **Firearms licence**

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

Home

L.31. **Email address**

L.32. **Home address**
Number and street

Suburb

Town/City

Postcode

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

◯ No ◯ Yes

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

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

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

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

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

Years | Months

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

◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Less frequently

◯ Other (please describe)

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

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

◯ No ◯ Yes

Please explain your reason.

If you need more space, include your details in **Section P** and reference this section.

Associated Person 3

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

L.40. **Last name**

L.41. **First name**

L.42. **Middle names**

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

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

L.45. **Place of birth**

L.46. **Date of birth**

L.47. **Driver licence**

L.48. **Firearms licence**

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

L.50. **Email address**

L.51. **Home address**
Number and street

Suburb
Town/City
Postcode

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

◯ No ◯ Yes

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

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

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

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

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

Years | Months

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

◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Less frequently

◯ Other (please describe)

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

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

◯ No ◯ Yes

Please explain your reason.

If you need more space, include your details in **Section P** and reference this section.

Children

L.58 You must provide details of **all** children 18 years old and under who reside at your home address or who may have free or unsupervised access to your secure storage locations.

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

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

L.59. **Please record if they have access to any property where firearms and/or ammunition are stored.**

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

If you need more space, include your details in **Section P** and reference this section.

Section M: Checklist

To avoid delays to your application, you must check you've provided:

- All pages from the form with questions answered in full or as not applicable ('n/a') ☐
- A passport style photo (refer to page 2) ☐
- Identity documents (refer to page 2) ☐
- A receipt from NZ Post to confirm your payment ☐
- Other supporting documentation (e.g. medical certificate and/or criminal records if applicable) ☐
- Other endorsement or recognition applications (if applicable). ☐

Section N: Privacy and Declaration

Privacy Statement

The information provided is collected for the purpose of administration of the Arms Act 2026. Firearms Safety and Education 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, Firearms Safety and Education may use or disclose your personal information to enable it to carry out its lawful functions, including prevention, detection, investigation and prosecution of offences. For more information: **firearmssafety.govt.nz/privacy**.

Declaration

You must complete the declaration and sign the form.

☐ I have completed the form and provided all supporting documentation

☐ I have confirmed my referees will be available for an interview

☐ The information I have supplied for this application is true and correct (refer section 246 offence, Arms Act 2026).

☐ I consent to Firearms Safety and Education to make enquiries into if I am a fit and proper person and authorise any person or organisation approached by Firearms Safety and Education to release or disclose all relevant information.

Date of application (DD/MM/YYYY)

Signature

To submit your application

- You must pay at your local NZ Post Shop.
- While you're there, send your application and supporting documentation by courier to: **Firearms Safety and Education, Level 3, 210 Federal Street, Auckland 1010, New Zealand.**

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

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

If you need to record more people, please add these details in **Section P** and reference this section.

Associated Person 4

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

O.2. **Last name**

O.3. **First name**

O.4. **Middle names**

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

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

O.7. **Place of birth**

O.8. **Date of birth**

O.9. **Driver licence**

O.10. **Firearms licence**

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

Home

O.12. **Email address**

O.13. **Home address**
Number and street

Suburb

Town/City

Postcode

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

◯ No ◯ Yes

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

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

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

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

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

Years | Months

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

◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Less frequently

◯ Other (please describe)

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

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

◯ No ◯ Yes

Please explain your reason.

Associated Person 5

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

O.21. **Last name**

O.22. **First name**

O.23. **Middle names**

O.24. **Gender** ◯ Male ◯ Female ◯ Gender diverse

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

O.26. **Place of birth**

O.27. **Date of birth**

O.28. **Driver licence**

O.29. **Firearms licence**

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

Mobile | Home

O.31. **Email address**

O.32. **Home address**

Number and street

Suburb | Town/City | Postcode

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

◯ No ◯ Yes

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

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

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

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

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

Years | Months

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

◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Less frequently

◯ Other (please describe)

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

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

◯ No ◯ Yes

Please explain your reason

Associated Person 6

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

O.40. **Last name**

O.41. **First name**

O.42. **Middle names**

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

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

O.45. **Place of birth**

O.46. **Date of birth**

O.47. **Driver licence**

O.48. **Firearms licence**

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

O.50. **Email address**

O.51. **Home address**
Number and street

Suburb
Town/City
Postcode

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

◯ No ◯ Yes

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

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

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

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

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

Years | Months

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

◯ Daily ◯ Weekly ◯ Fortnightly ◯ Monthly ◯ Less frequently

◯ Other (please describe)

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

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

◯ No ◯ Yes

Please explain your reason.

Section P. Additional comments

This space is for any additional comments you wish to add or to continue your answers to questions in this form.

Additional comments continued.