Restricted Firearm/Magazine Endorsement Animal and Biosecurity Controller Employee of an Agricultural, Horticultural or Silvicultural Business Directly Involved in Animal and Biosecurity Control Activities - Application Form

Firearms Safety and Education New Zealand

This form is for animal and biosecurity controllers applying for a restricted firearm and restricted magazine endorsement under section 7(1)(e) of the Arms Act 2026 – a person who is the owner or manager, or is an employee, of an agricultural, horticultural, or silvicultural business if there is a real possibility that the commercial viability of the business would be detrimentally affected to a significant extent by the presence of prescribed animals on any land used for that business (subject to prescribed limits, if any).

Note that all sections of this form must be completed for Firearms Safety and Education New Zealand to assess this application.

Section A – Personal Information			
You need to provide a minimum of your name AND either your firearms licence number OR driver licence number. If you do not have a firearms licence or driver licence, then all other fields must be filled in.			
Name:			
Firearms Licence No:			
Driver Licence No:			
Date of Birth:			
Home Address:			
Workshop Address:			
Mobile Phone:		Home Phone:	
Email Address:			

Section B – Referees

You need to provide three referees who can attest to your character and fitness to handle, use and possess restricted firearms and magazines. They need to be available for an in-person interview.

Referee 1 must be your spouse/partner or next of kin.

Firearms Safety and Education New Zealand needs this information about your referee to identify them, verify their information and get in contact with them.

You only need to provide your referee's name, a phone number and either a firearms licence number or driver licence number. If your referee does not have a firearms licence or driver licence, then all other fields must be filled in.
Ensure you have consent from your referees before providing this information.

Referee 1: Spouse/Partner or Next of Kin (usually the person who lives with you)			
Name:			
Mobile Phone:		Home Phone:	
Firearms Licence No:			
Driver Licence No:			
The following information for referee 1 is only required if the referee does not have a firearms or driver licence number.			
Date of Birth:			
Address:			
Email Address:			
Relationship to Applicant:			

Referee 2: Should have a current animal and biosecurity controller restricted firearm endorsement (provided they are not your employee) or have held an E-Endorsement (as of 12th April 2019).			
Name:			
Mobile Phone:		Home Phone:	
Firearms Licence No:			
Driver Licence No:			
The following information for referee 2 is only required if the referee does not have a firearms or driver licence number.			
Date of Birth:			
Address:			
Email Address:			
Relationship to Applicant:			

Referee 3: A person who is 20 years or older, not related to you, but knows you well and can demonstrate long-term experience with firearms.			
Name:			
Mobile Phone:		Home Phone:	
Firearms Licence No:			
Driver Licence No:			
The following information for referee 3 is only required if the referee does not have a firearms or driver licence number.			
Date of Birth:			
Address:			
Email Address:			

Relationship to Applicant:	

Section C – Employer Information

Who has employed you to carry out work, including animal and biosecurity control? Attach details of others if necessary.			
Name of Business:			
Type of Business:	☐ Agricultural	☐ Horticultural	☐ Silvicultural
Employer:		Employer's Job Title:	
Employer's Email:		Employer's Phone number:	
Location:			

Section D – Pest control Information

Which animal types are you dealing with? Is your work ground-based or aerial-based? (tick all that apply)		
	Ground-based	Aerial-based
Wild deer	☐	☐
Chamois or tahr	☐	☐
Wild pigs	☐	☐
Wild goats	☐	☐
Feral rabbit or hare	☐	☐
Canada geese	☐	☐
Wallabies	☐	☐
Other (specify)		

Please attach the animal and biosecurity control plan for the business. If you are, or someone else in the business is, currently establishing an animal and biosecurity control plan, please outline below the steps taken to establish this plan, e.g. prescribed animal counts and estimates, advisers engaged.
Please attach expert evidence regarding the prescribed animal issues affecting the business. Expert evidence can come from: • Farm advisers • Regional Council Biosecurity Officers • Landcare Trust representatives • National Queen Elizabeth II Trust • Other expert sources.
What assets are used to deliver animal and biosecurity control on the business property? (Describe major assets such as vehicles, helicopters, plant, equipment and premises).

Item description (attach additional items if necessary)	Number of items (if applicable)	Lease (Tick)	Own (Tick)
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Section E – Employment Information and Work Experience			
Please provide the following information about your employment and duties.			
Job Title:			
Commencement Date:			
Nature of Employment (tick applicable)	Permanent Full Time	☐	
	Permanent Part-Time	☐	
	Fixed Term (specify period)	☐	
	Casual/Temporary	☐	
What are your primary duties and work you undertake for your employer?			
Describe your animal and biosecurity control tasks your employer requires you to undertake.			
Approximately what percentage of your time is intended to be spent on animal and biosecurity control work?			%

Section F – Restricted Firearms Experience		
Describe your experience in conducting animal and biosecurity control and/or recovery.		
Describe your experience in handling firearms, with particular reference to restricted firearms.		
Tick which restricted firearms you intend to use for each animal type. Leave blank if not applicable.		
	Restricted shotgun (Tick if intending to use)	Restricted centre fire rifle (Tick if intending to use)
Wild deer	☐	☐
Chamois or tahr	☐	☐
Wild pigs	☐	☐
Wild goats	☐	☐
Feral rabbit or hare	☐	☐
Canada geese	☐	☐
Wallabies	☐	☐
Describe why no other firearm type is suitable for your business to use.		

Section G – Restricted Firearms

List all restricted firearms you are considering purchasing for business purposes.
There is no need to list existing restricted firearms you are already authorised to possess.

Type (rifle, shotgun)	Make	Model	Action Type (pump-action, semi-auto)	Calibre	Serial number (if known)

Section H – Restricted Magazines and Parts

List all magazines you are considering purchasing for business purposes. There is no need to list existing restricted magazines and parts you are already authorised to possess. Once magazines come into possession, serial numbers are to be generated by the applicant and stamped or engraved onto the magazine (e.g. YOURINITIALS001, YOURINITIALS002). The endorsement holder must promptly advise Firearms Safety and Education New Zealand of these serial numbers.

Which of the business' firearms does this magazine fit?	**Make-Magazine** (if known)	**Model-Magazine** (if known)	**Magazine Capacity**	**Calibre**

Section I – Security Arrangements

When not in use, restricted firearms and restricted magazines are required to be safely and securely stored in a security arrangement meeting Arms Regulation 19 criteria. Describe how the firearms security arrangements at the business address meet Regulation 19? (For example, construction of secure storage, external security measures, alarm system, etc.).

- Include information about racks, cabinets or strong room, access and locks
- Indicate the number and types of firearms currently held there (if applicable).

When restricted firearms are taken out of their normal security and in physical possession of the endorsement holder, describe security arrangements to be taken on-site during pauses in pest control activities.

- Include information about racks, cabinets or strong room, access and locks.
- Indicate the number and types of firearms currently held there (if applicable).

Describe the security arrangements you will have in place for transporting restricted firearms. Please note that restricted firearms and magazines can only be transported by a restricted firearms endorsement holder with the relevant permit to possess.

Please provide names and dates of birth of all persons, including children, who may have free or unsupervised access to the address at which your restricted firearms are, or intended to be, stored.	
Name	Date of Birth
Describe the arrangements you have made for training your staff and ensuring their ongoing competence. Include information about health and safety, security, range training and testing/sighting.	

Section J – Declaration

The information provided is collected for the purpose of administration of the Arms Act 2026. Firearms Safety and Education New Zealand (FSE) 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, FSE 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 FSE website for more information.

Please read the following statements and show your acceptance by ticking each box:	I Agree
I declare that I have a genuine need to possess restricted items in my capacity as an animal and biosecurity control business employee because I cannot effectively achieve the purpose of controlling wild animals or animal pests by using a non-restricted firearm and/or non-restricted magazine.	☐
I declare that the information I have supplied for this application is true and correct. I understand that it is an offence to intentionally supply incorrect particulars or misleading details.	☐
I consent to Firearms Safety and Education New Zealand making enquiries into my fitness to possess restricted firearms and authorise any person or organisation approached by the Firearms Safety and Education New Zealand in this matter to release or disclose all relevant information.	☐

If you have printed / handwritten this form, please sign below. **Signature**		**Date**	