

Notification of Possession of Prohibited Ammunition - Researcher

Please read section 28Y(2) of the Arms Regulations 1992 for specific information on who may possess prohibited ammunition.

Date of application

Licence holder details

You may attach additional pages with this form if there is insufficient room.

Last name	<input type="text"/>	First names(s)	<input type="text"/>		
Address	<input type="text"/>	Phone	Area code/prefix	<input type="text"/>	
Email	<input type="text"/>	Firearms licence number	<input type="text"/>	Expiry date	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

I am notifying Police of my possession of prohibited ammunition, as a researcher of the chemical makeup of certain types of prohibited ammunition.

I am employed or contracted by:

the New Zealand Defence Force **OR** the Institute of Environmental Science and Research Limited

Proof of employment must be attached with this form

Job title:	<input type="text"/>	Commencement date:	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>
Location:	<input type="text"/>	Nature of employment:	<input type="text"/>

Provide information on the research you conduct. (Attach another page if necessary)

Prohibited ammunition *List all the prohibited ammunition types you possess. (Attach another page if necessary)*

Number of boxes	Number of rounds	Manufacturer	Description <small>(as described in the Arms (Prohibited Ammunition) Order 2019)</small>	Calibre or calibre range

Security

When in possession of any prohibited ammunition where will it be stored?

Pre-approved security: At the following location in endorsed firearm security that has been inspected and approved by Police:

Address:

Approval required: I request Police to inspect and approve my security precautions located at:

Address:

Who controls this security location?

Name Firearms licence No.

Strong room **OR** Room of stout and secure construction **AND/OR** Locked in: Steel cabinet Steel box Safe

Privacy Statement

The information provided is collected for the purpose of administration of the Arms Act 1983. NZ 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, NZ 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 Police website for more information.

End User Statement

I declare that the information I have supplied for this notification is true and correct. I consent to the Police making enquiries into my fitness to possess prohibited ammunition and authorise any person or organisation named by me in this notification "including attachments" to release or disclose all relevant information to Police.

Signature

Once completed, submit this form to PermitFirearms@police.govt.nz, deliver to your local police station, or post to Arms Act Service Delivery Group, PO Box 722, Paraparaumu, Kapiti 5032.