



### 3. BUSINESS DETAILS

Lot on Plan (RP no.) can be found on rates notice.

Registered business name

Property name/ Lot on plan

Street number and name

Suburb/Locality

State  Postcode  ACN

**Contact details**

Home  Work

Mobile  Fax

Email

Is the club/business incorporated? Yes  No

If 'Yes', you must attach a copy of the **Certificate of Incorporation**.

### 4. LOCATION OF SHOOTING RANGE

Provide details of the location of the range if the address differs from the club/business address in **Section 3** of this form.

Lot on Plan (RP no.) can be found on rates notice.

Property name/ Lot on plan

Street name and number

Suburb/Locality

State  Postcode

Contact phone no.

### 5. FIREARMS LICENCE HISTORY OF APPLICANT/REPRESENTATIVE

Have you ever in Queensland or elsewhere been issued with a licence or authority relating to firearms or weapons? Yes  No

Licence number  State issued

(Only one required)

Date issued  Expiry date

Day Month Year Day Month Year

### 6. APPROVED SAFETY COURSE

If you are **NOT** the holder of a current firearms licence in Queensland or elsewhere you may be required to produce a copy of a current approved firearms training course certificate which was issued within 12 month period immediately prior to this application.

### 7. MEDICAL HISTORY

If you have answered 'yes' to any of the questions, you must provide details of the illness/injury and details of the treatment.

Please indicate if you have ever required treatment for any of the following (cross  appropriate box(es))

(a) serious impairment of sight Yes  No  (d) psychiatric or emotional problems Yes  No

(b) fits, dizziness or blackouts Yes  No  (e) alcohol or drug related problems Yes  No

(c) head injuries Yes  No

**A doctor's certificate is to be provided to certify the condition DOES NOT affect your ability to possess or use a firearm.**

## 8. FURTHER INFORMATION

If you have answered 'yes' to any of the questions in this section, you must provide full details.

Have you in Queensland or elsewhere ever been the subject of a domestic violence order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you in Queensland or elsewhere ever been charged with an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you in Queensland or elsewhere ever been the subject of a firearms prohibition order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you in Queensland or elsewhere ever been refused a licence or authority for a firearm or weapon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you in Queensland or elsewhere ever had a licence or authority for a weapon that has been cancelled, disqualified, suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The Authorised Officer must consider the need to protect persons from death or injury and property from unlawful destruction or damage when taking into consideration the granting of an approval under this Act. Conditions will be imposed where necessary to ensure such protection of persons and property.

## 9. LEGITIMATE ACTIVITY/PURPOSE

Please attach the required documentation as it applies to your legitimate activity/purpose.

### LEGISLATION RESTRICTS THE USE OF WEAPONS TO THE FOLLOWING APPROVED ACTIVITIES OR PURPOSES:

#### SHOOTING CLUB PERMIT

Indicate by a cross in white  box(es) only

The sport of target shooting

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A	B	C	D	E	H	R

#### CATEGORY 'A' WEAPONS

- Air rifle;
- Rimfire rifle (other than self-loading);
- Single and double barrel shotgun;
- Miniature cannon under 120 cm in barrel length that is a black powder and muzzle loading cannon, depicting a scale model of an historical artillery piece or naval gun.

#### CATEGORY 'B' WEAPONS

- Muzzle loading firearm;
- Single, double and repeating centrefire rifle;
- Break action shotgun and rifle combination.

#### CATEGORY 'C' WEAPONS

- Semiauto rimfire rifle no greater than 10 rounds;
- Semiauto shotgun no greater than 5 rounds;
- Pump-action shotgun no greater than 5 rounds.

#### CATEGORY 'H' WEAPONS

- All concealable firearms less than 75 cm in length.

## 10. SHOOTING CLUB PERMIT DOCUMENTATION

In support of your application, you must ensure that you attach the following documentation:

- Documentation from the club supporting a member of the governing body to be the representative;
- A list of the members of the governing body of the shooting club including full name, address, date of birth and details of any Weapons Act licences held;
- A copy of the club's or proposed club's rules and/or constitution;
- Details of any affiliation with a shooting organisation or association. (e.g., Sporting Shooters Association of Australia or Queensland Rifle Association);
- Details of your Public Liability insurer;
- Details of the shooting disciplines proposed to be conducted by the club. (e.g., clay target, full bore rifle, pistol);
- A list (containing between 3 and 30 names) of the proposed initial club members including full name, address, date of birth and details of Weapons Act licences held;
- Details and location of the proposed range site; **AND**
- Details of any firing rights that have been arranged with another approved club or association for use on their approved shooting range.

# 11. CHECKLIST OF SUPPORTING DOCUMENTATION

**Failure to complete this section may result in a delay in processing the application**

	Yes	N/A	Police Use Only
<ul style="list-style-type: none"> <li>I have attached proof that my name has changed as required by Section 1 of this form.</li> </ul> <p><i>If yes, please state the type of proof, e.g., Marriage Certificate, Deed Poll Certificate, etc.</i> <input type="text"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have attached proof of my address as required by Section 2 of this form.</li> </ul> <p><i>State type of proof, e.g., rates notice, electricity/gas accounts not more than twelve months old.</i> <input type="text"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have attached details of my medical history as required by Section 7 of this form.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have attached details of the following information as required by Section 8 of this form:                             <ul style="list-style-type: none"> <li>Domestic Violence Order(s);</li> <li>Charged with any offence(s);</li> <li>Firearms prohibition order(s);</li> <li>Weapons licence(s) cancelled, disqualified, suspended or revoked.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have attached a certified copy of my approved weapons training course certificate as required by Section 6 of this form (if applicable).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have attached required documentation as applies to my legitimate activity or purpose as required by Section 9 of this form (as applicable).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have attached required documentation as applies to Section 10 of this form (as applicable).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## APPLICANT CERTIFICATION

I certify that the information I have given is true and correct in every detail.

*Signature of applicant/representative*

Date

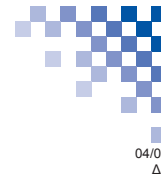
*Day*                      *Month*                      *Year*

### Privacy Collection Statement

The collection of this information is authorised by the *Weapons Act 1990*. The information will be used for the administration and enforcement of the *Weapons Act 1990*. The QPS may disclose some or all of this information to other State and Federal Government agencies as provided for by legislation or in accordance with the *Information Privacy Act 2009*.



(POLICE USE ONLY)



APPLICATION FOR A SHOOTING CLUB PERMIT

04/09  
Δ1

FORM 15A

Cover Sheet

QUEENSLAND  
Weapons Act 1990  
Section 86(1)

WEAPONS  
LICENSING  
BRANCH

Grid of 18 boxes for stamping

POLICE STATION  
OR

Large rectangular area for stamping

POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR A SHOOTING CLUB PERMIT

Police Check

Driver Licence

QPRIME

Intel/Other (specify)

Empty box for additional information

All supporting documentation checked and is attached Yes  No

Date      
Day Month Year

Police Station Receipt No.:

Amount received \$  -

Signature box

Signature of designated receiving member

Rank/Level

Reg. No./Payroll no.:

OFFICER IN CHARGE RECOMMENDATION

This application is

Recommended

Not recommended for reasons attached

Name

Rank

Reg. No.:

Signature box

Signature

Due to legislative timeframe restrictions,  
please ensure all documents are forwarded to  
Weapons Licensing Branch as soon as possible.

Date      
Day Month Year