

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

Mobile Work

Email

4. INCOMING/ADDITIONAL REPRESENTATIVE DETAILS

Please use BLOCK LETTERS

Family name

Given name(s)

Date of birth
Day Month Year

Town of birth State

Country of birth

Gender Queensland driver licence no.
Male Female

Former name(s)

You must provide proof of change name. e.g.
 • marriage Certificate;
 • deed poll certificate.

5. INCOMING/ADDITIONAL REPRESENTATIVE RESIDENTIAL DETAILS

You must provide proof of this, e.g.,
 • rates notice;
 • gas/electricity account not more than 12 months old.

Lot on plan (RP No.) can be found on rates notice.

Current address

Property name/ Lot on plan

Street name and number

Suburb/Locality

State Postcode How long have you lived at this address?
Years Months

Postal Address (if different from above)

Postal address (e.g. PO Box)

Suburb/Locality

State Postcode

Previous Address (if at current address for less than 5 years)

Street number and name

Suburb/Locality

State Postcode

Contact details

Home Work

Mobile Fax

Email

6. CLASS OF PERMIT

Place cross <input checked="" type="checkbox"/> in one box only.	Fixed (Indoor/Outdoor) <input type="checkbox"/>	Mobile Shooting Gallery <input type="checkbox"/>	Paint Pellet Shooting Gallery <input type="checkbox"/>
	Complete Parts 7, 8, 9, 10 & 11	Complete Parts 8, 9, 10 & 11	Complete Parts 7, 9 & 10

7. FIREARMS LICENCE HISTORY OF INCOMING/ADDITIONAL REPRESENTATIVE

	Have you ever in Queensland or elsewhere been issued with a licence or authority relating to firearms or weapons? Yes <input type="checkbox"/> No <input type="checkbox"/>										
	Licence number <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"/>						State issued <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	(Only one required)										
Date issued <input type="checkbox"/> <input type="checkbox"/>		Month <input type="checkbox"/> <input type="checkbox"/>		Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Expiry date <input type="checkbox"/> <input type="checkbox"/>		Month <input type="checkbox"/> <input type="checkbox"/>		Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Day		Month		Year		Day		Month		Year	

8. APPROVED SAFETY COURSE OF INCOMING/ADDITIONAL REPRESENTATIVE

	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.
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9. MEDICAL HISTORY OF INCOMING/ADDITIONAL REPRESENTATIVE

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 <input checked="" type="checkbox"/> appropriate box(es)):									
	(a) serious impairment of sight			Yes <input type="checkbox"/>	No <input type="checkbox"/>	(d) psychiatric or emotional problems			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) fits, dizziness or blackouts			Yes <input type="checkbox"/>	No <input type="checkbox"/>	(e) alcohol or drug related problems			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) head injuries			Yes <input type="checkbox"/>	No <input type="checkbox"/>					
A doctor's certificate is to be provided to certify the condition DOES NOT affect your ability to possess or use a firearm.										

10. FURTHER INFORMATION OF INCOMING/ADDITIONAL REPRESENTATIVE

If you have answered 'yes' to any of the question 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.										

11. CHECKLIST OF SUPPORTING DOCUMENTATION

FAILURE TO COMPLETE THIS SECTION MAY RESULT IN A DELAY PROCESSING THE APPLICATION

	Yes	N/A	Police Use Only
<ul style="list-style-type: none"> I have attached proof that my name has changed as required by Section 4 of this form. <i>If yes, please state the type of proof, e.g., Marriage Certificate, Deed Poll Certificate etc.</i> <input type="text"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached proof of my address as required by Section 5 of this form. <i>State type of proof, e.g., rates notice, electricity/gas accounts not more than twelve months old.</i> <input type="text"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached details of my medical history as required by Section 9 of this form. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached details of the following information as required by Section 10 of this form: <ul style="list-style-type: none"> Domestic Violence Order(s); <input type="checkbox"/> Charged with any offence(s); <input type="checkbox"/> Firearms prohibition order(s); <input type="checkbox"/> Weapons licence(s) cancelled, disqualified, suspended or revoked. <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached a certified a copy of my approved weapons training course certificate as required by Section 8 of this form (if applicable). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCOMING/ADDITIONAL REPRESENTATIVE CERTIFICATION

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

Signature of incoming/additional representative

Date

Day Month Year

CURRENT REPRESENTATIVE CERTIFICATION

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

Signature of representative

Date

Day Month Year

**Please forward this form directly to:
Weapons Licensing Branch
GPO Box 892
Brisbane QLD 4001**

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 ADDITIONAL REPRESENTATIVE—SHOOTING GALLERY

04/09
Δ1

FORM 15CA

Cover Sheet

QUEENSLAND
Weapons Act 1990
Section 111 & 113

WEAPONS
LICENSING
BRANCH

Grid of 20 boxes for stamping

POLICE STATION
OR

Large rectangular area for stamping

POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR ADDITIONAL REPRESENTATIVE

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

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