



### 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  ABN/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 ARMS FAIR

*Provide details of the location of the arms fair.*

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

Property name/ Lot on plan

Street number and name

Suburb/Locality

State  Postcode

Contact phone.

### 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. 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.**

### 7. 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  No

Have you in Queensland or elsewhere ever been charged with an offence? Yes  No

Have you in Queensland or elsewhere ever been the subject of a firearms prohibition order? Yes  No

Have you in Queensland or elsewhere ever been refused a licence or authority for a firearm or weapon? Yes  No

Have you in Queensland or elsewhere ever had a licence or authority for a weapon that has been cancelled, disqualified, suspended or revoked? Yes  No

## 8. LEGITIMATE ACTIVITY/PURPOSE

You are required to list the category (or categories) of weapons relevant for this approval.

The Authorised Officer must consider the need to protect persons from death or injury and property from lawful 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.

### APPROVAL TO CONDUCT AN ARMS FAIR

The following category (or categories) of weapons is/are required for the purpose of conducting a fair for displaying, selling and trading of weapons.

Indicate by a cross in white  box(es) only.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C	D	E	H	M	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;
- Blank-fire firearm at least 75 cm in length.

#### CATEGORY 'D' WEAPONS

- Self-loading centre fire rifle;
- Self-loading shotgun with more than 5 rounds;
- Pump action shotgun with more than 5 rounds;
- Self-loading rimfire rifle with more than 10 rounds.

#### CATEGORY 'B' WEAPONS

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

#### CATEGORY 'H' WEAPONS

- All concealable firearms less than 75 cm in length.

#### 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 'M' WEAPONS

- Restricted Weapons;
- Crossbows—As contained Section 7A(g) of the *Weapons Categories Regulation 1997*.

#### CATEGORY 'R' WEAPONS

- Restricted Weapons.

## 9. ARMS FAIR APPROVAL—REQUIRED INFORMATION/DOCUMENTATION

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

- The name, office held, date and place of birth of all office-bearers of the organisation holding the fair or details of the licensed collector holding the arms fair;
- The number of persons likely to attend the fair as well as the number of weapons and type of weapons to be displayed at the fair;
- The location and construction of the premises where the fair is to occur;
- The security precautions which will be taken to ensure the safekeeping of all weapons held by the organisation during the arms fair;
- Verification as to the approval from the local authority/council or owners of the premises to conduct the activities at the proposed fair site;
- Details if the organisation representing collectors has previously been refused an application for an approval to conduct an arms fair; **AND**
- Details of the duration of the proposed arms fair including start and finishing times and dates.

## 10. ADDITIONAL INFORMATION

**An application for an arms fair must be made at least 28 days prior to the proposed date of the fair.**

If the arms fair organiser is intending to have persons other than collector's licence holders attend the fair to participate in the fair they will be required to obtain the appropriate Weapons Act Exemptions. This includes any firearms dealers, firearm licence holders or any other Weapons Act licence holder.

Interstate firearm licence holders are required to obtain an exemption from the Weapons Act to enable them to attend any arms fair.

# 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"> <li>I have attached proof that my name has changed as required by Section 1 of this form. <i>If yes, please state the type of proof, e.g. Marriage Certificate, Deed Poll Certificate.</i></li> </ul>	<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. <i>State type of proof, e.g., rates notice, electricity/gas accounts not more than twelve months old.</i></li> </ul>	<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 6 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 7 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 indicated the category (or categories) of weapon(s) as required on Section 8 of this form.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have attached required information/documentation as applies to Section 9 of this form (if 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)



04/09  
A1

## APPLICATION FOR APPROVAL TO CONDUCT AN ARMS FAIR

### FORM 15D

### Cover Sheet

QUEENSLAND  
Weapons Act 1990  
Section 80

WEAPONS  
LICENSING  
BRANCH

[Grid of 20 boxes for stamp]

POLICE STATION  
OR

[Large empty box for stamp]

POLICE STATION STAMP

### PERSON RECEIVING THE APPLICATION FOR APPROVAL TO CONDUCT AN ARMS FAIR

#### Police Check

Driver Licence

QPRIME

Intel/Other   
(specify)

[Empty box for Intel/Other details]

All supporting documentation checked and is attached Yes  No

Date     
Day Month Year

Police Station Receipt No.:

Amount received \$  -

[Empty box for signature]

Rank/Level

Reg. No./Payroll no.:

Signature of designated receiving member

### OFFICER IN CHARGE RECOMMENDATION

This application is

Recommended

Not recommended for reasons attached

Name

Rank

Reg. No.:

[Empty box for signature]

Signature

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

Date     
Day Month Year