

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 society incorporated? Yes No

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

4. LOCATION OF HISTORICAL SOCIETY

Provide details of the location of the historical society if the address differs from the 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 number and name

Suburb/Locality

State Postcode

Contact no.

5. FIREARMS LICENCE HISTORY OF APPLICANT/REPRESENTATIVE

State current licence details.

Licence number State issued

(Only one required)

Date issued Expiry date

Day Month Year Day Month Year

6. PROPOSED POSITION

Outline your proposed position.

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(s) DOES NOT affect your ability to possess or use a firearm.

8. FURTHER INFORMATION

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"/>

9. LEGITIMATE ACTIVITY/PURPOSE

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

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.

Indicate by a cross in white box(es) only

HISTORICAL SOCIETY

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

The historical society permit may only be granted to a historical society whose primary purpose is the study, preservation or collection of firearms.

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 centre fire 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 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 E WEAPONS

- Ballistic vests.

CATEGORY H WEAPONS

- All concealable firearms less than 75 cm in length.

CATEGORY M WEAPONS

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

CATEGORY R WEAPONS

- Restricted Weapons.

10. HISTORICAL SOCIETY REQUIRED INFORMATION AND/OR DOCUMENTATION

In support of your application, you must ensure that you provide the following information and/or documentation

- Documentation from the historical society supporting a member of the governing body to be the representative; **AND**
- A list of the members of the governing body of the historical society including full name, address date of birth and details of any Weapons Act licences held; **AND**
- A copy of the historical society or proposed historical society rules and/or constitution; **AND**
- Details of any affiliations with any shooting organisation or association. (e.g., Sporting Shooters Association of Australia or Queensland Rifle Association.); **AND**
- Details of affiliations with any historical association. (Nationally or internationally); **AND**
- Details of your public liability insurance; **AND**
- Details of the collector categories proposed to be conducted by the historical society (e.g., firearms, clothing and/or artefacts); **AND**
- A list (containing between 10 and 30 names) of the proposed initial historical members including full name and address, date of birth and details of any Weapons Act licences held; **AND**
- Provide information that will demonstrate your knowledge and understanding of the obligations of an approved historical society.

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 1 of this form. <i>If yes, please state the type of proof, e.g., Marriage Certificate, Deed Poll Certificate.</i> 	<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 2 of this form. <i>State type of proof, e.g., rates notice, electricity/gas accounts not more than twelve months old.</i> 	<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 7 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 8 of this form: <ul style="list-style-type: none"> Domestic Violence Order(s); Charged with any offence(s); Firearms prohibition order(s); Weapons licence(s) cancelled, disqualified, suspended or revoked. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have indicated the category(ies) of weapon(s) as required on Section 9 of this form. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached the required information and/or documentation as applies to Section 10 of this form (as applicable) 	<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

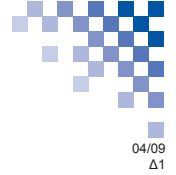
Day Month Year

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 APPROVAL FOR A HISTORICAL SOCIETY

04/09
Δ1

FORM 15E

Cover Sheet

QUEENSLAND
Weapons Regulation 1996
Section 69A

WEAPONS
LICENSING
BRANCH

POLICE STATION
OR

[Large empty box for stamp]

POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR APPROVAL FOR A HISTORICAL SOCIETY

Police Check

Driver Licence

QPRIME

Intel/Other
(specify)

[Empty box for Intel/Other details]

All supporting documentation checked and is attached Yes

No

Police Station Receipt No.:

Amount received \$ -

[Signature box]

Signature of designated receiving member

Rank/Level

Reg. no./Payroll no.:

Date
Day Month Year

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