



FORM 15F

QUEENSLAND
Weapons Act 1990
Section 2(1)(m)



Ver. 4 — 07/04/2009
Δ2

APPLICATION FOR AN EXEMPTION

1. APPLICANT/REPRESENTATIVE DETAILS

Please use BLOCK LETTERS

Provide details and supporting evidence if your name has changed due to:
• marriage
• deed poll, etc.

Family name, Given name(s), Date of birth, Town of birth, Country of birth, Gender, Queensland driver licence no., Former name(s)

2. RESIDENTIAL DETAILS

You must be a permanent resident of Queensland to hold a Queensland weapons licence.

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, Postal Address, Previous Address, Contact details

9. EXEMPTION—REQUIRED INFORMATION/DOCUMENTATION

If the exemption is issued in respect to a specific event, such as a weapons display at a company conference, the exemption will only be issued for the period of the event including set-up and dismantling.

I wish to be exempted from the following provisions of the *Weapons Act 1990* and the *Weapons Regulation 1996*.

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

- You must state the reasons you wish to be exempted from the provisions of the Act and the purpose(s) to which the exemption will be used;
- You must provide comprehensive details as to the need for the exemption and reasons why the need cannot be met in another way;
- You must state the period of time that you will require the exemption (maximum five years); **AND**
- You must complete a Form 30 Proof of Identity Declaration if you do not currently hold a licence under the *Weapons Act 1990*.

10. SHOOTING CLUB PERMIT DOCUMENTATION

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

	Yes	N/A	Police Use Only
• I have attached proof that my name has changed as required by Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please state the type of proof, e.g., Marriage Certificate, Deed Poll Certificate.</i>	<input type="text"/>		
• I have attached a certified copy of my 'Statement of Attainment' of an approved weapons training course in safety training for weapons, as required by Section 5 of this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have attached details of my medical history as required by Section 6 of this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have attached details of the following information as required by Section 7 of this form:			
• Domestic Violence Order(s);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Charged with any offence(s);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Firearms prohibition order(s);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Weapons licence(s) cancelled, disqualified, suspended or revoked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have attached the required information/documentation as applies to Section 9 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

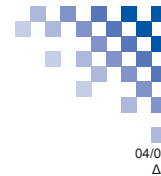
Day Month Year

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 AN EXEMPTION

04/09
Δ1

FORM 15F

Cover Sheet

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**WEAPONS
LICENSING
BRANCH**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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POLICE STATION
OR

POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR AN EXEMPTION

Police Check

Driver Licence QPRIME Intel/Other (specify)

All supporting documentation checked and is attached Yes No

Date
Day Month Year

Police Station Receipt No.:

Amount received \$ -

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.:

Signature

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

Date
Day Month Year