



#### 4. CLUB DETAILS

Provide an ABN or ACN number if applicable.  
 Lot on Plan (RP No.) can be found on rates notice.

Club 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**.

Outline your executive position in the club:

#### 5. LOCATION OF WEAPONS CLUB

Provide details of the location of the weapons club if the address differs from the club address in Section 4 of this form.

Property name/ Lot on plan

Street number and name

Suburb/Locality

State  Postcode

Contact Phone

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

Provide details of any weapons licenses held.

State current licence details:

Licence number

(Only one required)

Date issued       Expiry date

Day Month Year Day Month Year

#### 7. MEDICAL HISTORY

If you have answered 'yes' to any of the questions, you must provide written 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 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

## 9. CHECKLIST OF SUPPORTING DOCUMENTATION

### FAILURE TO COMPLETE THIS SECTION MAY DELAY PROCESSING 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 2 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 3 of this form. <i>State type of proof, e.g., rates notice, electricity/gas accounts etc 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 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 indicated the category(s) of weapon(s) as required in the Recreational Shooting Annexure to 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 the Annexure to 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

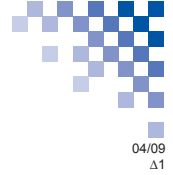
Day                      Month                      Year

### 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 APPROVAL OF A WEAPONS CLUB

04/09  
A1

FORM 15G

Cover Sheet

QUEENSLAND  
Weapons Act 1990  
Section 70C

WEAPONS  
LICENSING  
BRANCH

Grid of 18 boxes for station identification

POLICE STATION  
OR

Large empty box for stamp

POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR APPROVAL OF A WEAPONS CLUB

Police Check

Driver Licence

QPRIME

Intel/Other (specify)

Empty box for details

All supporting documentation checked and is attached:

Yes

No

Date     
Day Month Year

No fee is applicable to this application

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

Date     
Day Month Year

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