FORM 33

QUEENSLAND
Weapons Act 1990
Section 53

DECLARATION BY UNAUTHORISED PERSON FOR USE OF A WEAPON AT AN APPROVED RANGE

Ver. 3 — 07/04/09
Δ2

1. PERSONAL 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 (*Day* / *Month* / *Year*)

Town of birth

Country of birth

Drive licence no.

2. RESIDENTIAL DETAILS

Do not use PO Box for residential address.

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

Current address

Property name/ Lot on plan

Street number and name

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

3. WEAPONS LICENCE DETAILS

Only complete if you currently hold a weapons licence.

Licence no *(Only one required)*

Date issued (*Day* / *Month* / *Year*)

Expiry date (*Day* / *Month* / *Year*)

4. UNLICENSED PERSON

Only complete if you do not hold a weapons licence.

Have you in Queensland or elsewhere been convicted of:
- murder or manslaughter; or
- armed robbery; or
- unlawful wounding; or
- grievous bodily harm; or
- an offence involving drugs, weapons or violence that is prescribed under a regulation punishable by at least 7 years imprisonment.

Yes ☐ No ☐

Have you in the last 5 years, been convicted of, or discharged from custody on sentence after being convicted of any of the following?
- offence relating to the misuse of drugs;
- offence involving the use or threatened use of violence;
- offence involving the use, carriage, discharge or possession of a weapon.

Yes ☐ No ☐

Have you in the last 5 years been subject to a domestic violence order, other than a temporary protection order? Yes ☐ No ☐

Are you currently subject to a temporary protection order? Yes ☐ No ☐

Are you prevented by an order of a Queensland or another court outside of Queensland from holding a licence or possessing a weapon unless the order permits such under supervision? Yes ☐ No ☐

Have you in the last 5 years been subject to an involuntary assessment order under the *Mental Health Act 2000*, or similar order under the *Mental Health Act 1974*, or a similar order in another state? Yes ☐ No ☐

Have you ever been refused a licence or has your licence been revoked in the last 5 years? Yes ☐ No ☐

Has your licence been suspended? Yes ☐ No ☐

5. CATEGORY OF PROPOSED WEAPON

Place a cross ☒ in applicable box(es).

Please state which category of weapon you intend to possess and use on an approved range under supervision.

☐ A ☐ B ■ C ■ D ■ E ☐ H ☐ M ■ R

CATEGORY 'A' WEAPONS

- Air rifles;
- Rimfire rifles (other than self-loading);
- Single and double barrel shotguns;
- 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 firearms;
- Single, double and repeating centrefire rifles.

CATEGORY 'H' WEAPONS

- All concealable firearms less than 75 cm in length.

CATEGORY 'M' WEAPONS

As contained in Section 7A(g) of the *Weapons Categories Regulation 1997*

- Any crossbow designed to be discharged by the use of two hands that, when discharged, is capable of causing damage or injury to property or capable of causing bodily harm.

6. SIGNATURE OF UNAUTHORISED PERSON

DECLARATION

I declare that the information I have given is true and correct in every detail and that I am not an excluded person under the provisions of Section 53 of the *Weapons Act 1990*.

Signature of applicant

Date ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year*

Time ☐☐☐☐ am/pm

4. RANGE OFFICER

Photo ID includes, but is not limited to;

- *Driver licence*
- *Passport*
- *18+ Card*
- *Weapons Licence*
- *Student ID Card*

I have inspected the above named person's photographic identification. Yes ☐ No ☐

Type of ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID. No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I have also inspected the above named person's weapons licence. N/A ☐ Yes ☐ No ☐

I am satisfied

- that the person signing the approved form appears to be the person shown in the photographic identification; **AND** Yes ☐ No ☐
- that after inspecting the completed approved form, that the information in this form agrees with the information shown on the above named person's photographic identification; **AND**. Yes ☐ No ☐
- that the person is a licensee or is not an excluded person. Yes ☐ No ☐

DECLARATION

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

Range Officer's signature

Date ☐☐ *Day* ☐☐ *Month* ☐☐☐☐ *Year*

Range Officer's ID ☐☐☐☐☐☐☐☐ — ☐☐

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*.