



## 6. CHANGE OF NAME(S)

	Previous name(s) <input type="text"/>
	Current name(s) <input type="text"/>

You must provide proof of change of name e.g., marriage certificate, deed poll certificate, dissolution of marriage certificate or driver licence.

## 7. GENUINE REASON(S)

Does your change of address affect the genuine reason for which your licence is currently issued? (e.g., Has the property where you will be using the weapon(s) changed?)

Yes (Refer to specific requirements below)  No (Continue to question 9)

**Primary producer/Rural employee**—Provide a completed Form 1 Annexure—Occupational/Rural Purposes.

**Sports or Target Shooting (Category A & B)**—Provide proof of current financial membership of an approved club. The proof is to clearly show the club name, your name and the expiry date of your membership.

**Recreational shooting**—Provide a completed Form 1 Application for a Licence—Annexure—Recreational Shooting completed by a landowner for a property of 40 acres or larger.

## 8. WEAPON(S) SECURE STORAGE FACILITY

I hereby declare that I have access to a secure storage facility located at

Property name/  
Lot on plan

Street number  
and name

Suburb/Locality

State  Postcode

and it complies with the *Weapons Act 1990* and the *Weapons Regulation 1996*.

Provide a description of the new secure storage facility and the reasons why the weapon(s) are not stored at your residential address. If insufficient space, provide further information on a blank page and attach to this form.

## 9. LICENSEE CERTIFICATION

**CERTIFY AND SIGN HERE**

I certify that the information I have given is true and correct in every detail and have attached all required documentation.

*Signature of licensee/representative*

Date

*Day Month Year*

## 10. POLICE STATION USE ONLY

<p>I have sighted sufficient documentation to support this change of address. <input type="checkbox"/></p> <p>Documentation to support this change of name(s) is attached. <input type="checkbox"/></p> <p>Sufficient information to support the change of weapon(s) storage facility has been provided. <input type="checkbox"/></p> <p><b>Name of receiving station</b></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p style="text-align: right;"><b>Receiving member</b></p> <p>Name <input type="text"/></p> <p>Rank and Reg. No./ Level and payroll no. <input type="text"/></p> <p>Signature <input type="text"/></p> <p style="text-align: right;"><b>Officer in Charge</b></p> <p>Name <input type="text"/></p> <p>Rank and Reg. No. <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center; font-size: small;"><i>Day Month Year</i></p>
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**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*.