



FORM 4C

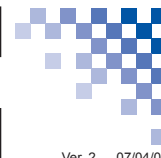
QUEENSLAND
Weapons Act 1990
Section 24 and 92



0006



0008



Ver. 2 — 07/04/09
A3

- CHANGE OF BUSINESS PARTICULARS
CHANGE OF REPRESENTATIVE

(NB—For this form, 'permit' refers to a Shooting Club/Range, Historical Society, Weapons Club and Shooting Gallery.)

1. CLASS OF LICENCE

Place a cross in one box only

Form with checkboxes for licence types: Armourer's, Blank-fire Firearms, Collector's (Weapons), Dealer's, Group, Historical Society, Security (Organisation), Shooting Club, Shooting Gallery, Shooting Range, Theatrical Ordnance Supplier's, Weapons Club. Includes a question about representative change.

2. LICENCE, PERMIT OR APPROVAL NUMBER(S) AFFECTED BY THIS CHANGE

Form with two rows of empty boxes for licence numbers.

3. CURRENT BUSINESS DETAILS

Property name/Lot on plan (RP no.) can be found on rates notice.

Form with grid boxes for business details: Registered Business name, Property name/Lot on Plan, Street number and name, Suburb/Locality, State, Postcode, ABN/ACN, Business Postal Address (if different from above).

4. OUTGOING REPRESENTATIVE DETAILS

Form with grid boxes for outgoing representative details: Family name, Given name(s), Date of birth (Day, Month, Year), Property name/Lot on Plan, Street number and name, Suburb/Locality, State, Postcode, Contact details (Home, Work, Mobile, Fax, Email).

9. FURTHER INFORMATION

If you have answered 'yes' to any of the questions in this section, you must provide full written details.

Have you in Queensland or elsewhere EVER been the subject of a domestic violence order regardless of outcome or cessation of time?	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 issued with a licence or authority for a firearm or weapon?	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"/>

10. REQUIRED INFORMATION/DOCUMENTATION

Refer to the specific requirements below in relation to the required information/documentation. If insufficient space, provide further information on a blank page and attach to this form.

All classes of licence/permits/approvals must provide

- A letter on business letterhead signed by a person in a business or a member of the Executive of a Club, Range or Historical Society who is authorised to provide the following information:
 - The position held by the author of the letter in the company/business, club, range or historical society; **AND**
 - Authorisation for the proposed incoming representative to be the representative for this business.

Armourers—Additional information required

- Provide details of all qualifications and experience relevant to perform the functions of an armourer. This may be in the form of a resume and may contain referees from person(s) within the industry.
- What skills do you possess that allow you to perform the functions of an armourer having regard to individual and public safety?
- Outline what type of work you intend to undertake and where you intend to undertake it.
- What equipment do you have to enable you to perform the functions of an armourer?

Dealers—Additional information required

- Outline your intended client/market base.
- Outline your understanding of legislation as it affects a licensed dealer.

11. COURSE IN SAFETY TRAINING FOR WEAPONS

Do you need to complete a Course in Safety Training for Weapons?

- Provide a copy of any current weapons licences you hold; **OR**
- Provide a 'statement of attainment' as proof of your successful completion of an approved course in safety training for weapons or the approved training security licence (guard) issued within the last twelve months. The certificate must state the date the certificate was awarded, the categories of weapons in which you have been deemed competent, and the name of the registered training provider.

12. PROOF OF IDENTITY

Do you need to attach Proof of Identity?

If you are the holder of a current Weapons Act licence of another type, you are not required to complete another Form 30 Proof of Identity Declaration or supply recent photograph unless

- A period of not more than 3 years has elapsed since you provided proof of identity and photographs; **OR**
- The current licence card does not reflect an accurate likeness of you (e.g., have you grown or removed a beard since the issue of the licence card?)

13 PROPOSED INCOMING REPRESENTATIVE CERTIFICATION

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

--

Signature of Proposed Incoming Representative

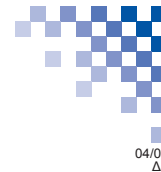
Date
 Day Month Year

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)



CHANGE OF BUSINESS PARTICULARS
CHANGE OF REPRESENTATIVE

04/09
A1

FORM 4C

Cover Sheet

QUEENSLAND
Weapons Act 1990
Section 24 and 92

WEAPONS
LICENSING
BRANCH

Grid of 20 boxes for station identification

POLICE STATION
OR

Large empty box for stamp

POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR CHANGE OF BUSINESS PARTICULARS/
REPRESENTATIVE

Police Check

Driver Licence

QPRIME

Intel/Other
(specify)

Empty box for Intel/Other details

All supporting documentation checked and is attached

Yes

No

Proof of change of name
(See Section 6)

Proof of Address
(See Section 7)

Written details of medical injuries/illnesses
(If applicable) (See Section 8)

Written details of further information
(See Section 9)

Supporting Documentation
(See Section 10)

Statement of Attainment
(See Section 11)

Proof of Identity
(See Section 12)

There is no fee for this application.

For assistance please telephone
Weapons Licensing Branch on (07) 3015 7777.

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.:

Empty box for reasons

Signature

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

Date
Day Month Year