

6 CERTIFICATION

	<p>I certify that the information I have given is true and correct in every detail and I have attached all required documentation.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto;"></div> <p style="text-align: center; margin-top: 5px;"><i>Signature of representative</i></p>
	<p>Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center; margin-top: 5px;"><i>Day Month Year</i></p>

7. POLICE STATION USE ONLY

The necessary information has been completed and supporting documentation, where required, is attached.

Name of Receiving Station

Police station receipt no.:

Amount received \$ -

Date

Day Month Year

Receiving Member	Officer in Charge
Name <input style="width: 200px; height: 20px;" type="text"/>	Name <input style="width: 200px; height: 20px;" type="text"/>
Rank and Reg. No./ Level and Payroll No.: <input style="width: 200px; height: 20px;" type="text"/>	Rank and Reg No. <input style="width: 200px; height: 20px;" type="text"/>
Signature <div style="border: 1px solid black; width: 200px; height: 50px; margin: 5px auto;"></div>	Signature <div style="border: 1px solid black; width: 200px; height: 50px; margin: 5px auto;"></div>
Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<i>Day Month Year</i>	<i>Day Month Year</i>

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*.