FORM 8

QUEENSLAND
Weapons Act 1990
Section 30(5)(b)

0004

Ver.2—01/07/2003
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RECEIPT FOR SURRENDERED WEAPON(S)

Note:

- This form is to be completed by the person who has been issued with a suspension or revocation notice and surrenders their weapon(s) to a person authorised to possess the weapon(s), other than a licensed dealer or police officer.
- This form is to be delivered to the police officer stated in the suspension or revocation notice within the stated time on the notice.

1. DETAILS OF THE PERSON SURRENDERING THE WEAPON(S)

Family name

Given name(s)

Address

State Postcode

Date of birth (*Day* *Month* *Year*)

Business hours contact no.

Licence no.

Licence no.

2. DECLARATION BY PERSON SURRENDERING THE WEAPON(S)

I certify that the weapon(s) listed in this receipt are a true and correct description of the weapon(s) I am surrendering.

Signature of person surrendering weapon(s)

Number of weapons surrendered

Date (*Day* *Month* *Year*)

3. DETAILS OF PERSON AUTHORISED TO POSSESS THE WEAPON(S)

Family name

Given name(s)

Address

State Postcode

Date of birth (*Day* *Month* *Year*)

Business hours contact no.

Licence no.

Licence no.

4. DECLARATION BY PERSON AUTHORISED TO POSSESS THE WEAPON(S)

I understand that under the provisions of section 35(6)(c) of the *Weapons Act 1990* (the Act), the acquisition of the weapon(s), detailed in Section 6 of this form, is on a temporary basis for not more than 3 months, and prior to expiration of the 3 month period, I will:

- make application for, and be issued with a Form 27 Permit to Acquire for each weapon listed in this receipt; **OR**
- dispose of each weapon listed in this receipt and any attachment to another licence holder who has been issued with a Form 27 Permit to Acquire, or a licensed firearms dealer or a police officer.

Signature of person authorised to possess the weapon(s)

Number of weapons received

Date (*Day* *Month* *Year*)

5. POLICE STATION USE ONLY

Name of receiving station

Receiving member—Name

Rank and Reg. No./ Level and Payroll No.

Signature

Date (*Day* *Month* *Year*)

O/C—Name

Rank and Reg. No.

Signature

Date (*Day* *Month* *Year*)

6. WEAPON(S) DETAILS

Type | Action
Make | Model
Serial No. | Calibre | Magazine Capacity

Type | Action
Make | Model
Serial No. | Calibre | Magazine Capacity

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Make | Model
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