



FORM 15F

QUEENSLAND Weapons Act 1990 Section 2(1)(m)



Ver. 5 — 28/10/2016 Δ1

APPLICATION FOR AN EXEMPTION

1. APPLICANT/REPRESENTATIVE DETAILS

Please use BLOCK LETTERS

Provide details and supporting evidence if your name has changed due to: marriage, deed poll, etc.

Form fields for applicant details: Family name, Given name(s), Date of birth, Town of birth, Country of birth, Gender, Queensland driver licence no., Former name(s)

2. RESIDENTIAL DETAILS

You must be a permanent resident of Queensland to hold a Queensland weapons licence. You must provide proof of this, e.g. rates notice, gas/electricity account not more than 12 months old. Lot on Plan (RP No.) can be found on rates notice.

Form fields for residential details: Current address, Postal Address, Previous Address, Contact details

3. BUSINESS DETAILS

<i>Lot on plan (RP no.) can be found on rates notice</i>	Registered business name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Property name/ Lot on plan <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Street number and name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Suburb/Locality <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ABN/ACN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email <input style="width: 100%;" type="text"/>
Is the club/business incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes', you must attach a copy of the Certificate of Incorporation .	

4. FIREARMS LICENCE HISTORY OF APPLICANT/REPRESENTATIVE

	Have you ever in Queensland or elsewhere been issued with a licence or authority relating to firearms or weapons? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Licence number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State issued <input type="text"/> <input type="text"/> <input type="text"/>
<i>(Only one required)</i>	
	Date issued <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Day Month Year Day Month Year	

5. APPROVED SAFETY COURSE

	If you are NOT the holder of a current firearms licence in Queensland or elsewhere you may be required to produce a copy of a current approved weapons training course which was issued within the 12 month period immediately prior to this application.
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6. MEDICAL HISTORY

<i>If you have answered 'yes' to any of the questions, you must provide details of the illness/injury and details of the treatment.</i>	Please indicate if you have ever required treatment for any of the following (cross <input checked="" type="checkbox"/> appropriate box(es))
	(a) serious impairment of sight Yes <input type="checkbox"/> No <input type="checkbox"/> (d) psychiatric or emotional problems Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) fits, dizziness or blackouts Yes <input type="checkbox"/> No <input type="checkbox"/> (e) alcohol or drug related problems Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) brain injuries Yes <input type="checkbox"/> No <input type="checkbox"/>
A doctor's certificate is to be provided to certify the condition DOES NOT affect your ability to possess or use a firearm.	

7. FURTHER INFORMATION

<i>If you have answered 'yes' to any of the questions in this section, you must provide full details.</i>	Have you in Queensland or elsewhere ever been the subject of a domestic violence order? 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 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"/>

8. LEGITIMATE ACTIVITY/PURPOSE

	The Authorised Officer must consider the need to protect persons from death or injury and property from unlawful destruction or damage when taking into consideration the granting of an approval under this Act. Conditions will be imposed where necessary to ensure such protection of persons and property.
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9. EXEMPTION—REQUIRED INFORMATION/DOCUMENTATION

If the exemption is issued in respect to a specific event, such as a weapons display at a company conference, the exemption will only be issued for the period of the event including set-up and dismantling.

I wish to be exempted from the following provisions of the *Weapons Act 1990* and the *Weapons Regulation 2016*.

In support of your application, you must ensure that you attach the following information and/or documentation

- You must state the reasons you wish to be exempted from the provisions of the Act and the purpose(s) to which the exemption will be used;
- You must provide comprehensive details as to the need for the exemption and reasons why the need cannot be met in another way;
- You must state the period of time that you will require the exemption (maximum five years); **AND**
- You must complete a Form 30 Proof of Identity Declaration if you do not currently hold a licence under the *Weapons Act 1990*.

10. SHOOTING CLUB PERMIT DOCUMENTATION

FAILURE TO COMPLETE THIS SECTION MAY RESULT IN A DELAY IN PROCESSING THE APPLICATION

	Yes	N/A	Police Use Only
• I have attached proof that my name has changed as required by Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please state the type of proof, e.g., Marriage Certificate, Deed Poll Certificate.</i>	<input type="text"/>		
• I have attached a certified copy of my 'Statement of Attainment' of an approved weapons training course in safety training for weapons, as required by Section 5 of this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have attached details of my medical history as required by Section 6 of this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have attached details of the following information as required by Section 7 of this form:			
• Domestic Violence Order(s);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Charged with any offence(s);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Firearms prohibition order(s);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Weapons licence(s) cancelled, disqualified, suspended or revoked.	<input type="checkbox"/>		<input type="checkbox"/>
• I have attached the required information/documentation as applies to Section 9 of this form (as applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT CERTIFICATION

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

Signature of applicant/representative

Date

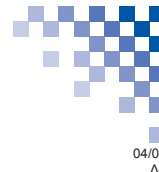
Day Month Year

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 information you provide will not be used or disclosed without your consent unless such use or disclosure is authorised or required by law, including the Weapons Act 1990 (Qld), Police Service Administration Act 1990 (Qld) and the Information Privacy Act 2009 (Qld). You have a right to access personal information that the QPS holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact PSBA Right to Information and Privacy by email at rti@police.qld.gov.au or by telephone 07 3364 4666.



(POLICE USE ONLY)



APPLICATION FOR AN EXEMPTION

04/09
Δ1

FORM 15F

Cover Sheet

QUEENSLAND
Weapons Act 1990
Section 2(1)(m)

WEAPONS LICENSING

POLICE STATION
OR

POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR AN EXEMPTION

Police Check

Driver Licence
 QPRIME
 Intel/Other (specify)

All supporting documentation checked and is attached
 Yes
 No

Date / /
Day Month Year

Police Station Receipt No.:

Amount received \$

Signature of designated receiving member

Rank/Level
 Reg. No./Payroll no.:

OFFICER IN CHARGE RECOMMENDATION

This application is

Recommended
 Not recommended for reasons attached

Name

Rank Reg. No.:

Signature

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

Date / /
Day Month Year