



FORM 1
 QUEENSLAND
Weapons Act 1990
 Section 13



Ver. 1 —01/03/2016
 Δ1

APPLICATION FOR A LICENCE
ANNEXURE FOR PRIMARY PRODUCER

Please PRINT IN BLOCK LETTERS clearly and legibly in Blue or Black pen.

1. LANDOWNER / LESSEE DETAILS

Surname	<input type="text"/>																				
Given Names(s)	<input type="text"/>																				
Home ph.	<input type="text"/>					Mob ph.	<input type="text"/>														
Please indicate if you are the landowner or lessee of this property:																					
<input type="checkbox"/> Landowner (rates notice to be included)											<input type="checkbox"/> Lessee (copy of lease to be included)										
PROPERTY ADDRESS																					
Property name (if any)	<input type="text"/>																				
Lot on plan (if known)	<input type="text"/>																				
Street no./Street name	<input type="text"/>																				
Suburb/Locality	<input type="text"/>																				
State	<input type="text"/>			Postcode	<input type="text"/>																
Property size	Hectares	<input type="text"/>																			
	Acres	<input type="text"/>																			
Number and type of stock grazed and/or crops raised on the property:																					
<input type="text"/>																					
<input type="text"/>																					
Description of the terrain and surrounding features:																					
<input type="text"/>																					
<input type="text"/>																					
As the <input type="checkbox"/> landowner or <input type="checkbox"/> lessee, I hereby certify that I am PRIMARILY engaged as a Primary Producer in accordance with the <i>Weapons Act 1990</i> , on this property and I am required to use the following categories of weapons in the course of my primary production duties:																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>												
A	B	C	D		A	B	C		H												
(Firearms)					(Minors)				(Concealable)												
<input type="text"/>																					
Signature of landowner / lessee										Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
											<i>Day</i>	<i>Month</i>	<i>Year</i>								

2. ADDITIONAL REQUIREMENTS

2.1 To prove that you are primarily engaged in carrying on the business of Primary Production in accordance with the *Weapons Act 1990*, you are required to provide a letter from your accountant that you have notified the Australian Taxation Office of your occupation.

2.2 What is the occupation you are primarily engaged in?
(and what other occupations do you undertake?)

2.3 I require the use of Category A and/or B weapons for the following duties on the rural property whilst carrying on the business of Primary Production.

2.4 Additional Requirements for Category C and/or D **OR** H

a) How long have you owned/occupied the property?

b) How often do you attend the property if you **DO NOT** reside on the property?

c) Types of feral animals found on the property and the frequency of encounters. (Category C &/or D ONLY)

d) What other methods were used prior to this application?

e) Why is the possession and use of a Category C and/or D **OR** Category H weapon now necessary, and why is another weapon type insufficient?

f) What is your proposed use for the applied Category C and/or D **OR** Category H weapon(s)?

g) Provide details of any other person who holds a weapons licence for the property. Why is another licence necessary?

h) Please indicate which Category C weapon(s) you are applying for (if category C is applicable):

1 Category C rifle **OR** 1 Category C shotgun **OR** 1 Category C rifle **AND** 1 Category C shotgun

APPLICANT CERTIFICATION

2.5 I certify that the reason outlined in this annexure is a genuine and necessary reason for my possession and use of weapons **AND** I have attached any relevant supporting documentation.

Signature of applicant

Date

Day

Month

Year