



FORM 15CA
QUEENSLAND
Weapons Act 1990
Section 111 & 113



Ver. 1 — 07/04/09
Δ2

APPLICATION FOR ADDITIONAL REPRESENTATIVE—
SHOOTING GALLERY

1. CURRENT REPRESENTATIVE DETAILS

Please use
BLOCK LETTERS

Family 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"/>	
Given name(s)	<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"/>	
Date of birth	<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"/>	
	Day		Month		Year															
Town of birth	<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"/>	
Country of birth	<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"/>	
Gender											Queensland driver licence no.	<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"/>
	Male		Female																	

2. CURRENT REPRESENTATIVE RESIDENTIAL DETAILS

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.

Current address	
Property name/ Lot on plan	<input type="text"/>
Street number and name	<input type="text"/>
Suburb/Locality	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
How long have you lived at this address?	<input type="text"/>
	Years Months
Postal Address (if different from above)	
Postal address (e.g. PO Box)	<input type="text"/>
Suburb/Locality	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Previous Address (if at current address for less than 5 years)	
Street number and name	<input type="text"/>
Suburb/Locality	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>
Contact details	
Home	<input type="text"/>
Work	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

3. BUSINESS DETAILS

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

Registered business name	<input type="text"/>																			
Property name/ Lot on plan	<input type="text"/>																			
Street number and name	<input type="text"/>																			
Suburb/Locality	<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"/>	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"/>	<input type="text"/>
Contact details																				
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"/>	Work	<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 type="text"/>																			

4. INCOMING/ADDITIONAL REPRESENTATIVE DETAILS

Please use
BLOCK LETTERS

You must provide proof
of change name. e.g.
• marriage Certificate;
• deed poll certificate.

Family name		<input type="text"/>																				
Given name(s)		<input type="text"/>																				
Date of birth		<input type="text"/>	<input type="text"/>																			
		Day	Month	Year																		
Town of birth		<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"/>
Country of birth		<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"/>	<input type="text"/>
Gender		<input type="text"/>	<input type="text"/>	Queensland driver licence no.		<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"/>
		Male	Female																			
Former name(s)		<input type="text"/>																				


5. INCOMING/ADDITIONAL REPRESENTATIVE RESIDENTIAL DETAILS

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.

Current address																				
Property name/ Lot on plan		<input type="text"/>																		
Street name and 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"/>	<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"/>
State		<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	How long have you lived at this address?		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Years		Months		
Postal Address (if different from above)																				
Postal address (e.g. PO Box)		<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"/>
State		<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Previous Address (if at current address for less than 5 years)																				
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"/>
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"/>
State		<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Contact details																				
Home		<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"/>
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"/>
Work		<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"/>
Email		<input type="text"/>																		

6. CLASS OF PERMIT

Place cross  in one box only.	Fixed (Indoor/Outdoor) <input type="checkbox"/>	Mobile Shooting Gallery <input type="checkbox"/>	Paint Pellet Shooting Gallery <input type="checkbox"/>
	Complete Parts 7, 8, 9, 10 & 11	Complete Parts 8, 9, 10 & 11	Complete Parts 7, 9 & 10

7. FIREARMS LICENCE HISTORY OF INCOMING/ADDITIONAL REPRESENTATIVE

Have you ever in Queensland or elsewhere been issued with a licence or authority relating to firearms or weapons? Yes ☐ No ☐

Licence number State issued

(Only one required)

Date issued Expiry date

Day Month Year Day Month Year

8. APPROVED SAFETY COURSE OF INCOMING/ADDITIONAL REPRESENTATIVE

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 firearms training course certificate which was issued within 12 month period immediately prior to this application.

9. MEDICAL HISTORY OF INCOMING/ADDITIONAL REPRESENTATIVE

If you have answered 'yes' to any of the questions, you must provide details of the illness/injury and details of the treatment.

Please indicate if you have ever required treatment for any of the following (cross ☒ appropriate box(es)):

(a) serious impairment of sight	Yes <input type="checkbox"/>	No	(d) psychiatric or emotional problems	Yes <input type="checkbox"/>	No
(b) fits, dizziness or blackouts	Yes	No	(e) alcohol or drug related problems	Yes	No
(c) brain injuries	Yes	No			

A doctor's certificate is to be provided to certify the condition DOES NOT affect your ability to possess or use a firearm.

10. FURTHER INFORMATION OF INCOMING/ADDITIONAL REPRESENTATIVE

<p><i>If you have answered 'yes' to any of the questions in this section, you must provide full details.</i></p>	Have you in Queensland or elsewhere ever been the subject of a domestic violence order?	Yes	<input type="checkbox"/>	No
	Have you in Queensland or elsewhere ever been charged with an offence?	Yes		No
	Have you in Queensland or elsewhere ever been the subject of a firearms prohibition order?	Yes		No
	Have you in Queensland or elsewhere ever been refused a licence or authority for a firearm or weapon?	Yes		No
	Have you in Queensland or elsewhere ever had a licence or authority for a weapon that has been cancelled, disqualified, suspended or revoked?	Yes		No
<p>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.</p>				

11. CHECKLIST OF SUPPORTING DOCUMENTATION

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

	Yes	N/A	Police Use Only
<p>• I have attached proof that my name has changed as required by Section 4 of this form.</p> <p><i>If yes, please state the type of proof, e.g., Marriage Certificate, Deed Poll Certificate etc.</i></p>	<input type="checkbox"/>		<input type="checkbox"/>
<p>• I have attached proof of my address as required by Section 5 of this form.</p> <p><i>State type of proof, e.g., rates notice, electricity/gas accounts not more than twelve months old.</i></p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>• I have attached details of my medical history as required by Section 9 of this form.</p>			<input type="checkbox"/>
<p>• I have attached details of the following information as required by Section 10 of this form:</p> <ul style="list-style-type: none">• Domestic Violence Order(s);• Charged with any offence(s);• Firearms prohibition order(s);• Weapons licence(s) cancelled, disqualified, suspended or revoked.			<input type="checkbox"/>
<p>• I have attached a certified copy of my approved weapons training course certificate as required by Section 8 of this form (if applicable).</p>			<input type="checkbox"/>

INCOMING/ADDITIONAL REPRESENTATIVE CERTIFICATION

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

<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Signature of incoming/additional representative</i>		Day	Month	Year			

CURRENT REPRESENTATIVE CERTIFICATION

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

<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Signature of representative</i>		Day	Month	Year			

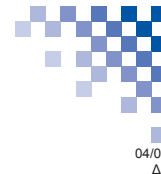
Please forward this form directly to:
Weapons Licensing
GPO Box 892
Brisbane QLD 4001

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 ADDITIONAL REPRESENTATIVE— SHOOTING GALLERY

FORM 15CA

Cover Sheet

QUEENSLAND
Weapons Act 1990
Section 111 & 113

WEAPONS
LICENSING

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POLICE STATION
OR

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POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR ADDITIONAL REPRESENTATIVE

Police Check

Driver Licence ☐

QPRIME ☐

Intel/Other ☐
(specify)

--

All supporting documentation checked and is attached: Yes ☐

No ☐

Date
Day Month Year

--

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