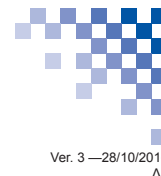




FORM 15E  
QUEENSLAND  
Weapons Regulation 2016  
Section 108



Ver. 3 — 28/10/2016  
Δ1

APPLICATION FOR APPROVAL FOR A HISTORICAL SOCIETY

1. APPLICANT/REPRESENTATIVE DETAILS

Please use  
BLOCK LETTERS

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

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"/>	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"/>		
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"/>
	Male	Female																			
Former 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"/>		

2. RESIDENTIAL DETAILS

You must be a  
permanent resident of  
Queensland to hold a  
Queensland weapons  
licence.

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

You must provide proof  
of this, e.g.,  
• rates notice;  
• gas/electricity  
account not more  
than 12 months old.

<b>Current address</b>																				
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"/>	
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"/>	<input type="text"/>	How long have you lived at this address?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>
<b>Postal Address (if different from above)</b>																				
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"/>	<input type="text"/>											
<b>Previous Address (if at current address for less than 5 years)</b>																				
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"/>	<input type="text"/>											
<b>Contact details</b>																				
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"/>	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"/>	
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"/>	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"/>	
Email	<input type="text"/>																			

### 3. BUSINESS DETAILS

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

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"/>
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"/>
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"/>	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"/>
<b>Contact details</b>																			
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"/>	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"/>
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"/>	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"/>
Email	<input type="text"/>																		

Is the society incorporated? Yes ☐ No ☐

If 'Yes', you must attach a copy of the **Certificate of Incorporation**.

### 4. LOCATION OF HISTORICAL SOCIETY

Provide details of  
the location of the  
historical society if the  
address differs from the  
business address in  
**Section 3** of this form.

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

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"/>
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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 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"/>	<input type="text"/>	<input type="text"/>

### 5. FIREARMS LICENCE HISTORY OF APPLICANT/REPRESENTATIVE

State current licence details.

Licence number  State issued

(Only one required)

Date issued    Expiry date

Day

Month

Year

Day

Month

Year

### 6. PROPOSED POSITION

Outline your proposed position.

### 7. MEDICAL HISTORY

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 <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(s) DOES NOT affect your ability to possess or use a firearm.**

## 8. FURTHER INFORMATION

If you have answered 'yes' to any of the question in this section, you must provide full details.

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"/>

## 9. LEGITIMATE ACTIVITY/PURPOSE

Please attach the required documentation as it applies to your legitimate activity/purpose.

The Authorised Officer must consider the need to protect persons from death or injury and property from lawful 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.

Indicate by a cross in white ☒ box(es) only

### HISTORICAL SOCIETY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C	D	E	H	M	R

The historical society permit may only be granted to a historical society whose primary purpose is the study, preservation or collection of firearms.

### CATEGORY A WEAPONS

- Air rifle;
- Rimfire rifle (other than self-loading);
- Single and double barrel shotgun;
- Miniature cannon under 120 cm in barrel length that is a black powder and muzzle loading cannon, depicting a scale model of an historical artillery piece or naval gun.

### CATEGORY B WEAPONS

- Muzzle loading firearm;
- Single, double and repeating centre fire rifle;
- Break action shotgun and rifle combination.

### CATEGORY C WEAPONS

- Semiauto rimfire rifle no greater than 10 rounds;
- Semiauto shotgun no greater than 5 rounds;
- Pump-action shotgun no greater than 5 rounds.

### CATEGORY D WEAPONS

- Self-loading centre fire rifle;
- Self-loading shotgun with more than 5 rounds;
- Pump action shotgun with more than 5 rounds;
- Self-loading rimfire rifle with more than 10 rounds.

### CATEGORY E WEAPONS

- Ballistic vests.

### CATEGORY H WEAPONS

- All concealable firearms less than 75 cm in length.

### CATEGORY M WEAPONS

- Restricted Weapons.
- Crossbows—As contained in Section 7A(g) of the *Weapons Categories Regulation 1997*

### CATEGORY R WEAPONS

- Restricted Weapons.

## 10. HISTORICAL SOCIETY REQUIRED INFORMATION AND/OR DOCUMENTATION

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

- Documentation from the historical society supporting a member of the governing body to be the representative; **AND**
- A list of the members of the governing body of the historical society including full name, address date of birth and details of any Weapons Act licences held; **AND**
- A copy of the historical society or proposed historical society rules and/or constitution; **AND**
- Details of any affiliations with any shooting organisation or association. (e.g., Sporting Shooters Association of Australia or Queensland Rifle Association.); **AND**
- Details of affiliations with any historical association. (Nationally or internationally); **AND**
- Details of your public liability insurance; **AND**
- Details of the collector categories proposed to be conducted by the historical society (e.g., firearms, clothing and/or artefacts); **AND**
- A list (containing between 10 and 30 names) of the proposed initial historical members including full name and address, date of birth and details of any Weapons Act licences held; **AND**
- Provide information that will demonstrate your knowledge and understanding of the obligations of an approved historical society.

## 11. CHECKLIST OF SUPPORTING DOCUMENTATION

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

	Yes	N/A	Police Use Only
<ul style="list-style-type: none"><li>I have attached proof that my name has changed as required by Section 1 of this form.</li></ul> <p><i>If yes, please state the type of proof, e.g., Marriage Certificate, Deed Poll Certificate.</i></p>	<input type="checkbox"/>		<input type="checkbox"/>
<ul style="list-style-type: none"><li>I have attached proof of my address as required by Section 2 of this form.</li></ul> <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"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>I have attached details of my medical history as required by Section 7 of this form.</li></ul>			<input type="checkbox"/>
<ul style="list-style-type: none"><li>I have attached details of the following information as required by Section 8 of this form:<ul style="list-style-type: none"><li>Domestic Violence Order(s);</li><li>Charged with any offence(s);</li><li>Firearms prohibition order(s);</li><li>Weapons licence(s) cancelled, disqualified, suspended or revoked.</li></ul></li></ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"><li>I have indicated the category(ies) of weapon(s) as required on Section 9 of this form.</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>I have attached the required information and/or documentation as applies to Section 10 of this form (as applicable)</li></ul>	<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

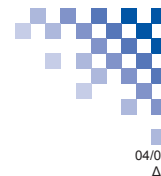
Day Month Year

### 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](mailto:rti@police.qld.gov.au) or by telephone 07 3364 4666.



# (POLICE USE ONLY)



## APPLICATION FOR APPROVAL FOR A HISTORICAL SOCIETY

04/09  
Δ1

### FORM 15E

### Cover Sheet

QUEENSLAND  
Weapons Regulation 2016  
Section 108

WEAPONS  
LICENSING

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POLICE STATION  
OR

--

POLICE STATION STAMP

### PERSON RECEIVING THE APPLICATION FOR APPROVAL FOR A HISTORICAL SOCIETY

#### Police Check

Driver Licence ☐

QPRIME ☐

Intel/Other ☐  
(specify)

--

All supporting documentation checked and is attached Yes ☐

No ☐

Police Station Receipt No.: 

--	--	--	--	--	--	--	--	--	--

Amount received \$ 

--	--	--	--	--	--	--	--	--	--

 - 

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Signature of designated receiving member

Rank/Level 

--

Reg. no./Payroll no.: 

--

Date 

--	--	--	--	--	--	--	--

  
Day Month Year

### 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 

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Day Month Year