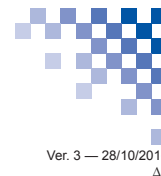




FORM 15G
QUEENSLAND
Weapons Regulation 2016
Section 125



APPLICATION FOR APPROVAL OF A WEAPONS CLUB

Ver. 3 — 28/10/2016
Δ1

1. WEAPONS CLUB AND PRIMARY PURPOSE

Please cross the box for the primary purpose of the club.
Ensure that the relevant annexure for the primary purpose of the club is completed and attached, with supporting documentation, to this application.

Crossbow Club (Archery organisation conducting sports and target shooting).

Crossbow Club (Demonstration of category M crossbows for historical or military re-enactment).

Crossbow Club (Training in the use of category M crossbows by an organisation for historical or military re-enactment).

A recreational shooting club.

2. 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

Given name(s)

Date of birth

Day Month Year

Town of birth

Country of birth

Gender Queensland driver licence no.

Male Female

Former name(s)

3. 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.

Current address

Property name/
Lot on plan

Street number
and name

Suburb/Locality

State Postcode

How long have you lived at this address?

Years Months

Postal Address (if different from above)

Postal address
(e.g. PO Box)

Suburb/Locality

State Postcode

Previous Address (if at current address for less than 5 years)

Street number
and name

Suburb/Locality

State Postcode

Contact details

Home

Work

Mobile

Fax

Email

4. CLUB DETAILS

Provide an ABN or ACN number if applicable.

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

Club 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"/>	<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"/>										
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"/>	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 club/business incorporated? Yes No

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

Outline your executive position in the club:

5. LOCATION OF WEAPONS CLUB

Provide details of the location of the weapons club if the address differs from the club address in Section 4 of this form.

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

6. FIREARMS LICENCE HISTORY OF APPLICANT/REPRESENTATIVE

Provide details of any weapons licenses held.

State current licence details:

Licence number

(Only one required)

Date issued Expiry date

Day Month Year Day Month Year

7. MEDICAL HISTORY

If you have answered 'yes' to any of the questions, you must provide written 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 No (d) psychiatric or emotional problems Yes 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(s) DOES NOT affect your ability to possess or use a firearm.

8. FURTHER INFORMATION

If you have answered 'yes' to any of the questions 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. CHECKLIST OF SUPPORTING DOCUMENTATION

FAILURE TO COMPLETE THIS SECTION MAY DELAY PROCESSING APPLICATION

	Yes	N/A	POLICE USE ONLY
<ul style="list-style-type: none"> I have attached proof that my name has changed as required by Section 2 of this form. <i>If yes, please state the type of proof, e.g., Marriage Certificate, Deed Poll Certificate.</i> 	<input type="checkbox"/>		<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached proof of my address as required by Section 3 of this form. <i>State type of proof, e.g., rates notice, electricity/gas accounts etc not more than twelve months old.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached details of my medical history as required by Section 7 of this form. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached details of the following information as required by Section 8 of this form: <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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have indicated the category(s) of weapon(s) as required in the Recreational Shooting Annexure to this form. 		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached required information/documentation as applies to the Annexure to 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

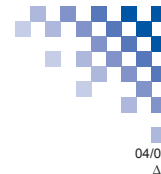
Day Month Year

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 rti@police.qld.gov.au or by telephone 07 3364 4666.



(POLICE USE ONLY)



APPLICATION FOR APPROVAL OF A WEAPONS CLUB

04/09
Δ1

FORM 15G

Cover Sheet

QUEENSLAND
Weapons Act 1990
Section 70C

WEAPONS
LICENSING

Grid of 18 boxes for stamping

POLICE STATION
OR

Large rectangular area for stamping

POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR APPROVAL OF A WEAPONS CLUB

Police Check

Driver Licence

QPRIME

Intel/Other (specify)

Empty rectangular box for notes

All supporting documentation checked and is attached:

Yes

No

Date
Day Month Year

No fee is applicable to this application

Signature box

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 box

Signature

Date
Day Month Year

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