FORM 4C

QUEENSLAND
Weapons Act 1990
Section 24 and 92

0006

0008

Ver. 2 — 07/04/09
Δ3

- **CHANGE OF BUSINESS PARTICULARS**
- **CHANGE OF REPRESENTATIVE**

(NB—For this form, 'permit' refers to a Shooting Club/Range, Historical Society, Weapons Club and Shooting Gallery.)

1. CLASS OF LICENCE

Place a cross ☒ in one box only

Armourer's ☐	**Group** ☐	**Shooting Gallery** ☐
Blank-fire Firearms ☐	**Historical Society** ☐	**Shooting Range** ☐
Collector's (Weapons) ☐	**Security (Organisation)** ☐	**Theatrical Ordnance Supplier's** ☐
Dealer's ☐	**Shooting Club** ☐	**Weapons Club** ☐

Does this change of representative involve any change(s) to the business particulars? Yes ☐ No ☐
(If yes, you **MUST** attach a Form 4D—Change of Business Particulars—Other Reasons.)

2. LICENCE, PERMIT OR APPROVAL NUMBER(S) AFFECTED BY THIS CHANGE

3. CURRENT BUSINESS DETAILS

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

Registered Business name
Property name/ Lot on Plan
Street number and name
Suburb/Locality
State Postcode
ABN/ACN

Business Postal Address (if different from above)

Postal address (e.g., PO Box)
Suburb/Locality
State Postcode

4. OUTGOING REPRESENTATIVE DETAILS

Family name
Given name(s)
Date of birth *Day* *Month* *Year*
Property name/ Lot on Plan
Street number and name
Suburb/Locality
State Postcode

Contact details

Home Work
Mobile Fax
Email

5. OUTGOING REPRESENTATIVE CERTIFICATION

If the outgoing representative is unable to complete this section, please provide reasons.

I request that I be removed as the representative endorsed on the licence(s)/approval(s)/permit(s). I nominate the person mentioned in Section 6 of this form, as the new representative.

Signature of Outgoing Representative

Date *Day* *Month* 2015 *Year*

6. PROPOSED INCOMING REPRESENTATIVE DETAILS

You must provide proof of change of name e.g.,

- *marriage certificate;*
- *deed poll certificate.*

Family name

Given name(s)

Date of birth *Day* *Month* *Year*

Town of birth

Country of birth

Gender *Male* *Female*

Queensland driver licence no.

Weapons licence no.

Former name

You must provide proof if you have changed your name. Refer to specific requirements in the left column.

7. PROPOSED INCOMING REPRESENTATIVE ADDRESS AND CONTACT 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.

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

How long have you lived at this address? *Years* *Months*

Contact details

Home Work

Mobile Fax

Email

You must provide proof that you are a Queensland resident. Refer to specific requirements in the left column.

8. 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 sight impairment Yes No

(b) Fits, dizziness or blackouts Yes No

(c) Head injuries Yes No

(d) Psychiatric or emotional problems Yes No

(e) Alcohol or drug related problems 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.

9. FURTHER INFORMATION

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

Have you in Queensland or elsewhere EVER been the subject of a domestic violence order regardless of outcome or cessation of time?	Yes ☐	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 issued with a licence or authority for a firearm or weapon?	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 ☐

10. REQUIRED INFORMATION/DOCUMENTATION

Refer to the specific requirements below in relation to the required information/documentation. If insufficient space, provide further information on a blank page and attach to this form.

All classes of licence/permits/approvals must provide

- A letter on business letterhead signed by a person in a business or a member of the Executive of a Club, Range or Historical Society who is authorised to provide the following information:
  i. The position held by the author of the letter in the company/business, club, range or historical society; **AND**
  ii. Authorisation for the purposed incoming representative to be the representative for this business.

Armourers—Additional information required

- Provide details of all qualifications and experience relevant to perform the functions of an armourer. This may be in the form of a resume and may contain referees from person(s) within the industry.
- What skills do you possess that allow you to perform the functions of an armourer having regard to individual and public safety?
- Outline what type of work you intend to undertake and where you intend to undertake it.
- What equipment do you have to enable you to perform the functions of an armourer?

Dealers—Additional information required

- Outline your intended client/market base.
- Outline your understanding of legislation as it affects a licensed dealer.

11. COURSE IN SAFETY TRAINING FOR WEAPONS

Do you need to complete a Course in Safety Training for Weapons?

- Provide a copy of any current weapons licences you hold; **OR**
- Provide a 'statement of attainment' as proof of your successful completion of an approved course in safety training for weapons or the approved training security licence (guard) issued within the last twelve months. The certificate must state the date the certificate was awarded, the categories of weapons in which you have been deemed competent, and the name of the registered training provider.

12. PROOF OF IDENTITY

Do you need to attach Proof of Identity?

If you are the holder of a current Weapons Act licence of another type, you are not required to complete another Form 30 Proof of Identity Declaration or supply recent photograph <u>unless</u>

- A period of not more than 10 years has elapsed since you provided proof of identity and photographs; **OR**
- The current licence card does not reflect an accurate likeness of you (e.g., have you grown or removed a beard since the issue of the licence card?)

13 PROPOSED INCOMING REPRESENTATIVE CERTIFICATION

I certify that the information I have given is true and correct in every detail and have attached all required documentation.

Signature of Proposed Incoming Representative

Date ☐ ☐ 2015
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)

CHANGE OF BUSINESS PARTICULARS
CHANGE OF REPRESENTATIVE

04/09
Δ1

FORM 4C

Cover Sheet

QUEENSLAND
Weapons Act 1990
Section 24 and 92

WEAPONS LICENSING

POLICE STATION
OR

POLICE STATION STAMP

PERSON RECEIVING THE APPLICATION FOR CHANGE OF BUSINESS PARTICULARS/ REPRESENTATIVE

Police Check

Driver Licence ☐ **QPRIME** ☐ **Intel/Other** (specify) ☐

All supporting documentation checked and is attached Yes ☐ No ☐

Proof of change of name (See Section 6) ☐
Proof of Address (See Section 7) ☐
Written details of medical injuries/illnesses (If applicable) (See Section 8) ☐
Written details of further information (See Section 9) ☐
Supporting Documentation (See Section 10) ☐
Statement of Attainment (See Section 11) ☐
Proof of Identity (See Section 12) ☐

There is no fee for this application.

For assistance please telephone
Weapons Licensing on (07) 3015 7777.

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 ☐☐ ☐☐ ☐☐☐☐
Day *Month* *Year*