

FORM 4D

QUEENSLAND Weapons Act 1990 Section 24



	CHANGE OF BUSINESS PARTICULARS—OTHER REASONS								
(NB—For this form, 'permit' refers to a Shooting Club/Range, Historical Society, Weapons Club and Shooting Gallery.)									
1. NOMINATE C	HANGE(S)								
Place a cross in applicable box(es) Change of approved place (change to weapons secure storage facility)									
	Change of business name								
	Change of business ownership								
	Change of business address (no change to weapons secure storage facility)								
	Change of dealer's associates								
2. LICENCE, PERMIT OR APPROVAL NUMBER(S) AFFECTED BY THIS CHANGE									
3. REPRESENTA	ATIVE DETAILS								
You must be a permanent resident of	Family name								
Queensland to hold a Queensland weapons licence.	Given name(s)								
You must provide proof of this e.g.,	Date of birth Date of birth								
rates notice;gas/electricity	Day Month Year								
account not more than 12 months old.	Property name/ Lot on Plan								
Lot on plan (RP no.) can be found on rates	Street number and name								
notice.	Suburb/Locality Suburb/Locality								
	State Postcode Domination Postcode								
	Contact details								
	Home Work Work								
	Mobile Fax Fax								
	Email								
4. BUSINESS DI	ETAILS								
Lot on plan (RP no.) can be found on rates notice.	Registered Business name								
nouse.	Property name/ Lot on Plan								
	Street number and name								
	Suburb/Locality Suburb/Locality								
	State Postcode Dominion								
	ABN/ACN ABN/ACN								
	Business Postal Address (if different from above)								
	Postal address (e.g., PO Box etc.)								

Postcode

Suburb/Locality

State

5. REQUIRED INFORMATION/DOCUMENTATION

Check that all required documentation is attached.

Outline your change of business particulars in the space provided. If insufficient space, provide further information on a blank page and attach to this form. You may also be required to provide supporting documentation. Refer to the specific requirements listed below.

Change of approved place—(change to weapons secure storage facility)

- · Provide full address details of the intended premises for the weapons secure storage facility.
- Describe the facilities in place for secure storage of weapons, including details of the safe/vault location, construction and weight.
- Provide written approval from your local Council certifying the intended land use for the business is in compliance with local by-laws.

Change of business name

• Provide a copy of the previous and intended Certificate of Registration for the business or company name providing details of the type of enterprise (e.g., sole proprietor, partnership etc), including the extract detailing the office holders of the company/business.

Change of business ownership

 Contact Weapons Licensing on (07) 3015 7777 for full details of required supporting documentation and fees (if applicable).

Change of business address—(no change to weapons secure storage facility)

· Provide full details of new business address.

Change of dealer's associates

- · Complete and attach Form 34 Licensed Dealer's Associate Details; AND
- Provide full name, date of birth, occupation and residential address of each associate and details of the associate's relevant financial interest, relevant power or relevant position in the business.

6. CERTIFICATION

I certify that the information I have given is true and correct in every detail and I have attached all required documentation.						
Signature of representative Day Month Year						

7. POLICE STATION USE ONLY

The necessary information has been completed and supporting documentation, where required, is attached.							
Name of Receiving Station							
Police station receipt no.:			Amount receiv	ved \$			
Date	Day Month	Year					
	Receiving Mer	mber		Officer i	n Charge		
Name			Name				
Rank and Reg. No./ Level and Payroll No.:			Rank and Reg No.				
Signature			Signature				
Date	Day Month	Year	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 or by telephone 07 3364 4666.

Form 4D Change of Business Particulars—Other Reasons