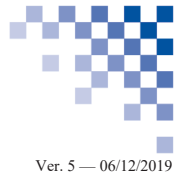




**FORM 15A**  
**QUEENSLAND**  
**WEAPONS ACT 1990**  
**SECTION 86**



Ver. 5 — 06/12/2019

**APPLICATION/RENEWAL FOR A SHOOTING CLUB PERMIT**

You are required to satisfy the Authorised Officer that you have a genuine reason to hold a PERMIT

Please COMPLETE ELECTRONICALLY AND PRINT or WRITE IN BLOCK LETTERS clearly and legibly in BLUE or BLACK pen

**SECTION 1. APPLICATION TYPE**

	Choose one <input checked="" type="checkbox"/> New application <input type="checkbox"/> or Renewal <input type="checkbox"/> Approval Number <input type="text"/>
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**SECTION 2. BUSINESS DETAILS OF SHOOTING CLUB**

*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"/>	Postcode	<input type="text"/>
	ACN	<input type="text"/>	
	ABN	<input type="text"/>	
<b>Contact details</b>			
Work	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Is the club/business incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/> Choose one <input checked="" type="checkbox"/>			
If 'Yes', you must attach a copy of the Certificate of Incorporation			
<b>Business Postal Address (if different to above)</b>			
Postal address (e.g.) PO Box	<input type="text"/>		
Suburb/ Locality	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>

**SECTION 3. LOCATION OF SHOOTING CLUB**

*Provide details of  
the location of the  
shooting club. If the  
address differs from  
the business address in  
Section 2 of this form.*

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

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"/>
Contact phone no.	<input type="text"/>		

**SECTION 4. APPLICANT/REPRESENTATIVE DETAILS**

*Provide details and  
supporting evidence  
if your name has  
changed due to:*  
• marriage;  
• change of name etc.

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>			
Family name	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/> <small>Day</small>	<input type="text"/> <small>Month</small>	<input type="text"/> <small>Year</small>
Driver licence no	<input type="text"/>		
Town of birth	<input type="text"/>		
Country of birth	<input type="text"/>		
Former name(s)	<input type="text"/>		

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

	Have you ever in Queensland or elsewhere been issued with a licence or authority relating to firearms or weapons?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Choose one <input checked="" type="checkbox"/>
	Licence number	<input type="text"/>	State Issued	<input type="text"/>		
	(Only one required)					
	Date issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date	<input type="text"/>
	Day	Month	Year	Day	Month	Year

## SECTION 6. APPROVED SAFETY COURSE

	If you are <b>NOT</b> 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 the 12 month period immediately prior to this application.
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## SECTION 7. RESIDENTIAL DETAILS

<i>You must provide proof of this e.g.,</i> <ul style="list-style-type: none"><li>• Rates notice</li><li>• gas/electricity account not more than 12 months old.</li></ul> <i>Lot on plan (RP No.) can be found on rates notice.</i>	<b>Current address</b>					
	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"/>
					Month	Year
	<b>Postal Address (if different from above)</b>					
	Postal address (e.g. PO Box)	<input type="text"/>				
	Suburb/locality	<input type="text"/>				
	State	<input type="text"/>	Postcode	<input type="text"/>		
<b>Previous Address (if at current address for less than 5 years)</b>						
Street number and name	<input type="text"/>					
Suburb/locality	<input type="text"/>					
State	<input type="text"/>	Postcode	<input type="text"/>			
<b>Contact details</b>						
Home	<input type="text"/>	Work	<input type="text"/>			
Mobile	<input type="text"/>	Fax	<input type="text"/>			
Email	<input type="text"/>					

## SECTION 8. FURTHER INFORMATION

<b>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 the Act. Conditions will be imposed where necessary to ensure such protection of persons and property.</b>			
	<i>Indicate as relevant by a cross <input checked="" type="checkbox"/> in box(es)</i>		
	(a) Have you ever in Queensland or elsewhere EVER been the subject of a Domestic Violence Order regardless of outcome or passage of time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) Have you in Queensland or elsewhere EVER been charged with any offence, this includes any traffic and/or criminal offence(s) that resulted in a Court attendance? (Please tick yes if you were charged but not convicted or a conviction was not recorded)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) Have you in Queensland or elsewhere EVER been the subject of a firearms prohibition/exclusion order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(d) 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"/>
	(e) 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"/>
	If you have answered YES to any questions in this section you must provide full details. (If insufficient space below, please provide further details on a separate sheet.)		
	<input type="text"/>		

## SECTION 9. MEDICAL HISTORY

Please indicate if you have EVER required treatment for any of the following

Indicate as relevant by a cross ☒ in box(es)

(a) serious sight impairment

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 injury

Yes ☐

No ☐

(f) physical impairment

Yes ☐

No ☐

If you have answered YES to any questions in this section you must provide full details of the illness/injury and details of the treatment, and doctor's certificate is to be provided to clarify the condition DOES NOT affect your ability to possess or use a firearm. (If insufficient space below, please provide further details on a separate sheet.)

## SECTION 10. LEGITIMATE ACTIVITY/PURPOSE

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

LEGISLATION RESTRICTS THE USE OF WEAPONS TO THE FOLLOWING APPROVED ACTIVITIES OR PURPOSES:

SHOOTING CLUB PERMIT

Indicate as relevant by a cross ☒ in box(es)

The sport of target shooting

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C	H

CATEGORY 'A' WEAPONS

Each of the following is a category A weapon if it has not been rendered permanently inoperable —

- a miniature cannon under 120cm in barrel length that is a black powder and muzzle loading cannon, depicting a scale model of an historical artillery piece or navel gun;
- an air rifle;
- a rim-fire rifle (other than a self-loading rim-fire rifle);
- a shotgun other than a lever action shotgun, pump action shotgun or self-loading shotgun;
- a powerhead;
- a break action shotgun and rim-fire rifle combination;
- an air gun.

CATEGORY 'B' WEAPONS

Each of the following is a category B weapon if it is not been rendered permanently inoperable —

- a muzzle loading firearm;
- a single shot centre-fire rifle;
- a double barrel centre-fire rifle;
- a repeating centre-fire rifle;
- a break action shotgun and centre-fire rifle combination;
- a lever action shotgun with a magazine capacity of not greater than 5 rounds.

CATEGORY 'C' WEAPONS

Each of the following is a category C weapon if it has not been rendered permanently inoperable —

- a semiautomatic rim-fire rifle with a magazine capacity no greater than 10 rounds;
- a semiautomatic shotgun with a magazine capacity no greater than 5 rounds;
- a pump-action shotgun with a magazine capacity no greater than 5 rounds.

CATEGORY 'H' WEAPONS

As regulated in Section 7 of the Weapons Categories Regulation 1997

- A firearm, including an air pistol, under 75cm in length, other than a powerhead.

## SECTION 11. SHOOTING CLUB PERMIT DOCUMENTATION

In support of your application, you must ensure that you attach the following documentation:

1. Documentation from the club supporting a member of the governing body to be the representative;
2. A list of the members of the governing body of the shooting club including full name, address, date of birth and details of any Weapons Act licences held;
3. A copy of the club's or proposed club's rules and/or constitution;
4. Details of any affiliation with a shooting organisation or association;
5. Details of your Public Liability insurer;
6. Details of the shooting disciplines proposed to be conducted by the club. (e.g., clay target, full bore rifle, pistol);
7. A list (containing between 3 and 30 names) of the proposed initial club members including full name, address, date of birth and details of Weapons Act licences held;
8. Details and location of the proposed range site; **AND**
9. Details of any firing rights that have been arranged with another approved club or association for use on their approved shooting range.

## APPLICANT CHECKLIST

Failure to complete this section may result in a delay in processing the application

**Applicant checklist — Before lodging this application at your local Queensland police establishment, please ensure the following documentation is attached to your application (if applicable):**

Indicate as relevant by a cross ☒ in box(es)

- ☐ Evidence of Name Change e.g. current Australian Photo Driver Licence, Australian Passport, Adult Proof of Age Card (formerly 18+ card), Full Birth Certificate, Marriage Certificate, Divorce certificate and/or Change of Name Certificate: relevant to change.
- ☐ Evidence of current Residential Address e.g. Copy of Rates Notice, Gas/Electricity (not more than 12 months old.) Driver Licence.
- ☐ Where you have answered YES to any question in Section 8. Further information or Section 9. **Medical History**, written details are provided.
- ☐ Evidence of completed **Safety Training Course** e.g. *copy of Safety Course Certificate completed within the preceding 12 months.*
- ☐ Shooting Club documentation supporting your application.

**Please present your application and all documentation in person at a Queensland police establishment**

Ensure Section 12 Certification is signed and dated as relevant.

## SECTION 12. CERTIFICATION

**I certify that the information I have given is true and correct in every detail AND I have attached the Annexure(s) relevant to this application**

**Please note: it is an offence to state anything in a document kept, given or made under the *Weapons Act 1990* that is false or misleading.**

***Maximum penalty—100 penalty units or 2 years imprisonment.***

*Signature of licensee/representative*

Date 

Day Month Year

### Privacy Collection Statement

The QPS is collecting your personal information for determining your application for a shooting club permit. The collection of this information is authorised by the *Weapons Act 1990*. The information you provide will be stored securely and 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*, the *Police Powers and Responsibilities Act 2000*, and the *Information Privacy Act 2009* (Qld). You have the right to access personal information that the QPS holds about you subject to any restriction or limitations under law. If you wish to seek access to your personal information, inquire about the handling of your personal information, or lodge a complaint about the way in which your information is managed, please contact QPS 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

## SECTION 13. POLICE STATION USE/CHECKLIST

### Applicant Details

Family name

Given Name(s)

Date of Birth

Day

Month

Year

Police Establishment  
OR

*Police Station Stamp*

Date received

Day

Month

Year

*Police Station Receipt no.*

\$

.

*Amount received*

### 100 Point Check for Identification

The applicant is required to provide **ONE Primary** document **AND TWO Secondary** documents to your satisfaction

#### Primary documents—60 Points each *Provide only ONE*

☐

Australian Photo Driver Licence  
*current or expired less than 2 years*

☐

Australian or Foreign Passport  
*current or expired less than 2 years*

☐

Australian Weapons Licence  
*current or expired less than 2 years*

☐

QLD or Federal Police officer Photo ID current

☐

Australian Defence Force Photo ID  
current

☐

Australian Birth Certificate—  
*Only accepted for a Minor's Application*

#### Secondary documents—20 Points Each *Provide any TWO*

☐

Other Photo Id—e.g. Student ID current

☐

Medicare Card

☐

Credit Card/Financial Institution Debit Card

☐

Dept of Veterans Affairs/Centrelink Pensioner Concession  
Card

☐

Named Bill—e.g. Rates, Telephone

☐

Rental Lease Agreement

#### Receiving member

Name

Rank & Reg. No./  
Level & Payroll

Signature

Date

Day

Month

Year

#### Officer in Charge

Name

Rank & Reg. No./  
Level & Payroll

Signature

Date

Day

Month

Year

***Please ensure that the Police Station Checklist on the next page is completed prior to forwarding  
this application to Weapons Licensing.***

## POLICE STATION CHECKLIST

**Police Station Checklist**—Please ensure that all information/documentation indicated below is included/attached. Where an attachment or information is missing, please retain the application until the file is complete.

Indicate as relevant by a cross ☐ in box(es)

- ☐ 100 Point Check for identification complete with required **proof of ID documents. Primary and/or secondary documents** presented.  
(Please Note: Copies of Proof of ID documents are not required to be supplied to WL)
- ☐ **Prescribed fee** receipted and receipt details with amount paid noted on the application.
- ☐ Evidence of **Name Change** e.g. current Australian Photo Driver Licence, current Australian Passport, Adult Proof of Age Card (formerly 18+ card), Full Birth Certificate, Divorce Certificate and/or Change of Name Certificate; relevant to the change.
- ☐ Evidence of **Current Residential Address** e.g. Copy of Rates Notice, Gas/Electricity Account (not more than 12 months old) Driver Licence
- ☐ Where the applicant has answered **YES** to any question in Section 8. **Further Information** or Section 9. **Medical History**, written details provided
- ☐ Evidence of completed **Safety Training Course** e.g. copy of Queensland Safety Course Certificate completed within the preceding 12 months, **or a clear copy of a current Queensland Weapons Act Licence**
- ☐ Shooting Club documentation supporting your application.
- ☐ **Section 12. Certification has been completed.**

### Supporting Documentation

**All supporting documentation is physically attached (on paper) for sending with the application**

Choose one ☐

Yes ☐ No ☐

### OR

**All supporting documentation is being sent electronically** (email sent to weapons.ranges@police.qld.gov.au)

Choose one ☐

Yes ☐ No ☐

Date     
Day Month Year