



Bundaberg Pistol Club Inc.

PO Box 541
Bundaberg Qld 4670
11 Heales Road,
Meadowvale Qld

Club Approval Number: 80000017
Range Approval Number: 81000018

President – Ross Ronlund ph. 0428797963
Secretary – Jeff Walters ph. 0458991677

Joining the Bundaberg Pistol Club

First Contact:

How do I know if Pistol Shooting is for me?

Why not attend one of our Come try and Training days?

Come & Try day is on the second Saturday of each month. Training Day for Unlicensed shooters is on the 4th Sunday of each Month. Both events must be Booked from our Web page!

Contact Ross Ronlund 0428797963 for details of the morning. Cost is \$25 cash and you will need to bring a Form 33 (preferably filled out), photo ID (drivers licence or other) and covered footwear

All other required PPE, guns, rounds and equipment are supplied

Arrive by 8.15am and shooting starts at 9.00 range 1 – first shooting shed on left hand side

After 3 attendances show a cat A&B licence or a Statement of Eligibility to continue to shoot

To Join the club:

You need to get the following to the club committee meeting held on the first Saturday of each month

.. Application Form fill out all details and signed

.. Join SSAA on line @ ssaa.org.au website

.. Two referee letters - people who have known you for at least two years, but **not including immediate family members.**

.. Pay yearly fee (or pro rata) see over page

.. If no licence – a Form 33 and Application for a Statement of Eligibility

Lodge at the police station and show that certificate to the club

.. If already have a licence A letter of being a current financial member from your current pistol club

Getting Your Cat H pistol licence:

Once you have been a pistol club member for 6 months you can apply

.. Attend a Weapons Safety Course get a USI number (usi.gov.au or Ph 133873)

.. Apply on line if possible <https://www.police.qld.gov.au/units/weapons-licensing>

.. QP 518A for Queenslanders and QP518B for interstate and overseas **

.. From the club - Copies of your shooting attendances

****Answer all questions. After payment, wait to be redirected to previous page and print it.**

Use the reference number for any contact with weapons branch

Attending shooting at the club:

On Arrival, fill out

.. Form 33 first time only. Subsequent visits Form 33A and club Attendance Register must be filled out each time non-licensed person shoots.

* This requires a photo ID – Drivers Licence or another similar card to be produced.

.. Any family members or friends who are non-shooters are to fill in the Non-Shooters or Visitors Register.

The Range Officer of the day and other responsible people will then advise of the procedures and what is required of a spectator so health and safety are observed at all times.

Fee Breakdown is as follows:

Full Member – \$220

One associate member (family spouse or partner living at the same address) – \$160

Junior (Minor) between 11yo and 18yo – \$50

Senior card and Pensioners \$195

Pro-rata cost will be used for less than a calendar year and 1st July is when the official new year starts.

The process, after receiving a Cat H licence, to work through to owning a handgun:

Use the same website and look for Permit to Acquire and you will need to put in an application for a permit to acquire (PTA):

All information of the gun including manufacturer, barrel length and overall length, serial and model numbers, calibre, magazine capacity and type of action is required if purchasing privately.

Information will also come from the club stating the pistol conforms to match requirements as authorised by weapons branch and is part of the matches the club has permission to shoot.

If the gun is being bought through a dealer, ask the dealer to put in the application for the Permit To Acquire (PTA) as this will save waiting time and the dealer will get the approved PTA.

The gun transaction gets brokered at a cost of \$11 to make sure the details of the gun are correct and if all are correct, the bottom half of the PTA gets sent to weapons branch to upgrade the guns on your licence and the top half you retain and that is the last part of the process of owning a handgun.

First Year

You can own 1 Air pistol plus 1 other (rim-fire pistol or Centre-fire pistol or Black Powder Pistol)
This a maximum only and no requirement to have all classes – you may only want one gun?

After the first year

There are no unrealistic restrictions on the hand guns you can have on your licence.



BUNDABERG PISTOL CLUB INC.
SSAA Affiliated

PO Box 541
Bundaberg
QLD 4670

NEW MEMBERSHIP APPLICATION

1. PERSONAL DETAILS											
Name											
Date of Birth		Place of Birth									
Home Address				Post Code							
Postal Address				Post Code							
2. CONTACT INFORMATION											
Phone	Mobile										
	Home										
	Work										
Email											
3. EMPLOYMENT											
Occupation											
Employer											
4. FIREARM LICENCES. Do you currently hold a firearms licence? Yes No											
A/B Licence	Licence No		Expiry Date								
H Licence	Licence No		Expiry Date								
5. CLUB MEMBERSHIPS. Are you a member of another shooting club? Yes No											
SSAA Member No				Expiry Date							
Other Club				Expiry Date							
6. FEES & PAYMENT. Amount payable is pro-rata to June 30 of current financial year.											
6.1 Membership Type			6.2 Payment Method								
	Annual	Monthly pro rata	Bank Deposit Bank: Auswide Bank BSB: 645-646 Account Name: Bundaberg Pistol Club Inc Account No: 107657937 Transaction Description: Applicant's name								
Adult (18 & over)	\$220	\$18.40									
Pensioner Card No	\$195	\$16.30									
Senior	\$195	\$16.30									
Family Member	\$160	\$13.40									
Junior (under 18)	\$50	\$4.20									
Life Member			Cash								
			Amount Received with this application								
7. SIGNATURE											
Applicant's Signature				Date							
Office use only											
Club No			New Membership Effective Date								



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P.O. Box 541
BUNDABERG
Qld 4670

Approval Number: 80000017

11 Heales Rd

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Meadowvale Qld

President – Ross Ronlund Mob 0428 797 963

Secretary – Jeff Walters Mob 0458991677

New Membership Character Reference

Note: A Referee must have known the applicant for a period of at least two years and not be an immediate family member.

Date: _____

New Member's Name: _____

This is to confirm I have known _____

For the past _____ years.

I understand that he/she is applying for membership at the Bundaberg Pistol Club and as such will be handling firearms.

After their training and the probationary period, they may also be authorised by Qld Weapons Licensing to possess firearms.

I believe they are of good character and I know of no reason why they shouldn't be permitted to join in and attend target shooting at your club

Yours sincerely _____

Name _____

Address _____

Phone Number _____



Bundaberg Pistol Club Incorporated

New Member Card CAT-H (Handguns)

Name _____

Date	Activity	Range Officer
	First Contact	
	1/ Trial Session, Range Fee and associated costs \$25	
	2/ Get Statement of Eligibility if no A & B Licence	
	3/ Shoot No 1, Range Fee and associated costs \$25	
	4/ Shoot No 2, Range Fee and associated costs \$25	
	5/ Shoot No 3, Range Fee and associated costs \$25	
	6/ Weapons Safety Course	
	7/ Coaching/Safety, Other Matches	
	8/ Holster Proficiency Course if Required	



Bundaberg Pistol Club Incorporated

New Member Card CAT-H (Handguns)

Name _____

Date	Activity	Range Officer
	First Contact	
	1/ Trial Session, Range Fee and associated costs \$25	
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	3/ Shoot No 1, Range Fee and associated costs \$25	
	4/ Shoot No 2, Range Fee and associated costs \$25	
	5/ Shoot No 3, Range Fee and associated costs \$25	
	6/ Weapons Safety Course	
	7/ Coaching/Safety, Other Matches	
	8/ Holster Proficiency Course if Required	

FORM 33

QUEENSLAND
Weapons Act 1990
Section 53

**DECLARATION BY UNAUTHORISED PERSON FOR USE
OF A WEAPON AT AN APPROVED RANGE**

Ver. 3 — 07/04/09
Δ2

1. PERSONAL 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"/>												
	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"/>	<input type="text"/>	<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"/>	
Drive licence 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"/>												

2. RESIDENTIAL DETAILS

*Do not use PO Box for
residential address.*

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

Current address

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

Postal Address (If different from above)

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"/>												

3. WEAPONS LICENCE DETAILS

*Only complete if
you currently hold a
weapons licence.*

Licence 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"/>												
	(Only one required)																			
Date issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date	<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					Day		Month		Year						

4. UNLICENSED PERSON

*Only complete if
you do not hold a
weapons licence.*

Have you in Queensland or elsewhere been convicted of:		
• murder or manslaughter; or		
• armed robbery; or		
• unlawful wounding; or		
• grievous bodily harm; or		
• an offence involving drugs, weapons or violence that is prescribed under a regulation punishable by at least 7 years imprisonment.	Yes <input type="text"/>	No <input type="text"/>
Have you in the last 5 years, been convicted of, or discharged from custody on sentence after being convicted of any of the following?		
• offence relating to the misuse of drugs;		
• offence involving the use or threatened use of violence;		
• offence involving the use, carriage, discharge or possession of a weapon.	Yes <input type="text"/>	No <input type="text"/>
Have you in the last 5 years been subject to a domestic violence order, other than a temporary protection order?	Yes <input type="text"/>	No <input type="text"/>
Are you currently subject to a temporary protection order?	Yes <input type="text"/>	No <input type="text"/>
Are you prevented by an order of a Queensland or another court outside of Queensland from holding a licence or possessing a weapon unless the order permits such under supervision?	Yes <input type="text"/>	No <input type="text"/>
Have you in the last 5 years been subject to an involuntary assessment order under the <i>Mental Health Act 2000</i> , or similar order under the <i>Mental Health Act 1974</i> , or a similar order in another state?	Yes <input type="text"/>	No <input type="text"/>
Have you ever been refused a licence or has your licence been revoked in the last 5 years?	Yes <input type="text"/>	No <input type="text"/>
Has your licence been suspended?	Yes <input type="text"/>	No <input type="text"/>

5. CATEGORY OF PROPOSED WEAPON

Place a cross ☒ in applicable box(es).

Please state which category of weapon you intend to possess and use on an approved range under supervision.

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

CATEGORY 'A' WEAPONS

- Air rifles;
- Rimfire rifles (other than self-loading);
- Single and double barrel shotguns;
- 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 firearms;
- Single, double and repeating centrefire rifles.

CATEGORY 'H' WEAPONS

- All concealable firearms less than 75 cm in length.

CATEGORY 'M' WEAPONS

As contained in Section 7A(n) of the *Weapons Categories Regulation 1997*

- Any crossbow designed to be discharged by the use of two hands that, when discharged, is capable of causing damage or injury to property or capable of causing bodily harm.

6. SIGNATURE OF UNAUTHORISED PERSON

DECLARATION

I declare that the information I have given is true and correct in every detail and that I am not an excluded person under the provisions of Section 53 of the *Weapons Act 1990*.

Signature of applicant

Date
Day Month Year

Time am/pm

4. RANGE OFFICER

Photo ID includes, but is not limited to;

- Driver licence
- Passport
- 18+ Card
- Weapons Licence
- Student ID Card

I have inspected the above named person's photographic identification.

Yes ☐ No ☐

Type of ID

ID. No.

I have also inspected the above named person's weapons licence.

N/A ☐ Yes ☐ No ☐

I am satisfied

- that the person signing the approved form appears to be the person shown in the photographic identification; **AND** Yes ☐ No ☐
- that after inspecting the completed approved form, that the information in this form agrees with the information shown on the above named person's photographic identification; **AND**. Yes ☐ No ☐
- that the person is a licensee or is not an excluded person. Yes ☐ No ☐

DECLARATION

I declare that the information I have given is true and correct in every detail.

Range Officer's signature

Date
Day Month Year

Range Officer's ID —

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.



QUEENSLAND POLICE SERVICE

Application for Statement of Eligibility to Join an Approved Pistol Shooting Club

QUEENSLAND
Weapons Act 1990
Section 98B(1)(c)



0001



QP 0515
03/09
Δ3

1. APPLICATION DETAILS

Please use
BLOCK LETTERS

You must provide proof
of change of name, e.g.
• marriage certificate;
• deed poll certificate,
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"/>	<input type="text"/>	State	<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.

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

3. FIREARMS LICENCE HISTORY

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

4. 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) head injuries | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

A doctor's certificate is to be provided to certify the conditions DOES NOT affect your ability to possess or use a firearm.

5. 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 regardless of outcome or cessation of time? | 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"/> |

8. CHECKLIST OF SUPPORTING DOCUMENTATION

Check that all required documentation is attached to this application

- | | Yes | N/A | Police Use Only |
|---|--------------------------|--------------------------|--------------------------|
| • I have attached proof that my name has changed as required by Section 1 of this form. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, please state the type of proof, e.g., Marriage Certificate, Deed Poll Certificate etc.</i> | <input type="text"/> | | |
| • I have attached proof of my address as required by Section 2 of this form. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>State type of proof, e.g., rates notice, electricity/gas accounts etc not more than twelve months old.</i> | <input type="text"/> | | |
| • I have attached evidence of my current/expired weapons licence as required by Section 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • I have attached details of my medical history as required by Section 4 of this form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • I have attached details of the following information as required by Section 5 of this form: | | | |
| • Domestic Violence Order(s); | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Charged with any offence(s); | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Firearms Prohibition Order(s); | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Weapons licence(s) cancelled, disqualified, suspended or revoked. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPLICANT CERTIFICATION

(This section must be completed in front of a designated member of the Queensland Police Service.)

I certify that the information I have given is true and correct in every detail.

Signature of applicant

Date
Day Month Year

RECEIVING STATION CERTIFICATION

(This section must be completed in front of a designated member of the Queensland Police Service.)

I have signed identification provided by the applicant and am satisfied that this person is the applicant nominated on this form.

Signature

Name
Rank/ Position Reg. no./ Payroll no.
Station
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.