



QUEENSLAND POLICE SERVICE

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

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



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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.

Form fields for application details: Family name, Given name(s), Date of birth, Town of birth, Country of birth, Gender, Queensland driver licence no., Former name(s)

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.

Form fields for residential details: Current address, Postal Address, Previous Address, Contact details

3. FIREARMS LICENCE HISTORY

Form fields for firearms licence history: Have you ever in Queensland or elsewhere been issued with a licence or authority relating to firearms or weapons? Licence number, State issued, Date issued, Expiry date

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 No (d) psychiatric or emotional problems Yes No

(b) fits, dizziness or blackouts Yes No (e) alcohol or drug related problems Yes No

(c) head injuries Yes No

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 question 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 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 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

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.