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 $\Delta 2$

1. PERSONAL DETAILS		
Please use BLOCK LETTERS	Family name	
	Given name(s)	
	Date of birth	
Provide details Day Month Year		
and supporting evidence if your name has changed	Town of birth	
due to: • marriage • deed poll, etc.	Country of birth	
2332 p.s., 532	Drive licence no.	
2. RESIDENTIAL DETAILS		
Do not use PO Box for	Current address	
residential address. Lot on plan (RP No.)	Property name/ Lot on plan	
can be found on rates notice.	Street number and name	
	Suburb/Locality Suburb/Locality	
	State Pestands How long have you	
	Ye.	ars Months
	Postal Address (If different from above)	
	Postal address (e.g. PO Box)	
	Suburb/Locality Suburb/Locality	
	State Postcode D	
3. WEAPONS LICENCE DETAILS		
Only complete if you currently hold a weapons licence.	Licence no Only one required)	
·	Date issued Expiry date	
	Day Month Year Day Month	Year
4. UNLICENSED PERSON		
Only complete if you do not hold a	Have you in Queensland or elsewhere been convicted of: • murder or manslaughter; or	
weapons licence.	armed robbery; orunlawful wounding; or	
	 grievous bodily harm; or an offence involving drugs, weapons or violence that is prescribed under a 	Yes No
	regulation punishable by at least 7 years imprisonment. 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 No
	Have you in the last 5 years been subject to a domestic violence order, other than a temporary protection order?	Yes No
	Are you currently subject to a temporary protection order?	Yes No
	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 No
	Have you in the last 5 years been subject to an involuntary assessment order under the Mental Health Act 2000, or similar order under the Mental Health Act 1974, or a similar order	Yes No
	in another state? Have you ever been refused a licence or has your licence been revoked in the last 5 years?	Yes No
	Has your licence been suspended?	Yes No

5. CATEGORY OF PROPOSED WEAPON

Place a cross X in Please state which category of weapon you intend to possess and use on applicable box(es). an approved range under supervision. C D Ε н м **CATEGORY 'A' WEAPONS CATEGORY 'H' WEAPONS** Air rifles; · All concealable firearms less than 75 cm in length. · Rimfire rifles (other than self-loading); · Single and double barrel shotguns; Miniature cannon under 120 cm in barrel length **CATEGORY 'M' WEAPONS** that is a black powder and muzzle loading As contained in Section 7A(n) of the Weapons cannon, depicting a scale model of an historical Categories Regulation 1997 artillery piece or naval gun. 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 **CATEGORY 'B' WEAPONS** of causing bodily harm. · Muzzle loading firearms; · Single, double and repeating centrefire rifles. 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. Date Day Month Year am/pm Time Signature of applicant 4. RANGE OFFICER Photo ID includes, but Yes Nο I have inspected the above named person's photographic identification. is not limited to; Driver licence Passport Type of ID 18+ Card Weapons Licence ID. No. Student ID Card 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 Yes No photographic identification; AND · that after inspecting the completed approved form, that the information in this form agrees No Yes with the information shown on the above named person's photographic identification; AND. · 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. Date Range Officer's signature Dav 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.

Range Officer's ID