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 and supporting	Day Month Year			
evidence if your name has changed	Town of birth			
due to: • marriage • deed poll, etc.	Country of birth			
2332 µ3., 332	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 LI	ICENCE 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				
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	Yes No		
	Are you currently subject to a temporary protection order? 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? 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 Have you ever been refused a licence or has your licence been revoked in the last 5 years?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 in applicable box(es).	Please state which category of weapon you intend to possess and use on an approved range under supervision. A B C D E H M R			
	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;	7 iii contoculare iii continui		
	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 'M' WEAPONS As contained in Section 7A(g) of the Weapons Categories Regulation 1997 • Any crossbow designed to be discharged by the use of two hands that, when discharged, is capable		
	CATEGORY 'B' WEAPONS	of causing damage or injury to property or capable		
	Muzzle loading firearms;Single, double and repeating centrefire rifles.	of causing bodily harm.		
6. SIGNATURE C	OF UNAUTHORISED PERSON			
DECLARATION				
I declare that the in provisions of Section	formation I have given is true and correct in every det on 53 of the <i>Weapons Act 1990</i> .	ail and that I am not an excluded person under the		
	Date Day	Month Year		
	Time	am/pm		
Signature of applicant				
4. RANGE OFFICER				
Photo ID includes, but is not limited to;	I have inspected the above named person's photograph	nic identification.		
Driver licence Passport	Type of ID			
18+ Card Weapons Licence Student ID Card	ID. No.			
	I have also inspected the above named person's weapo	ons licence. N/A Yes No		
I am satisfied				
	to be the person shown in the Yes No			
	 that after inspecting the completed approved form, t with the information shown on the above named per 	that the information in this form agrees rson's photographic identification; AND.		
	that the person is a licensee or is not an excluded p	erson. Yes No		
	DECLARATION			
I declare that the information I have given is true and correct in every detail.				
		Date		
Range Officer's signature Day Month Yea				
	Panga Officar's ID			
	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 QPS may disclose some or all of this information to other State and Federal Government agencies as provided for by legislation or in accordance with the *Information Privacy Act 2009*.