

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
A2

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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<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"/>	<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="checkbox"/>	No <input type="checkbox"/>
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="checkbox"/>	No <input type="checkbox"/>
Have you in the last 5 years been subject to a domestic violence order, other than a temporary protection order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently subject to a temporary protection order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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="checkbox"/>	No <input type="checkbox"/>
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="checkbox"/>	No <input type="checkbox"/>
Have you ever been refused a licence or has your licence been revoked in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your licence been suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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(g) 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 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*.