



APPLICATION FOR STATEMENT OF ELIGIBILITY TO JOIN AN APPROVED PISTOL SHOOTING CLUB

QP 515
07/03

1. APPLICANT DETAILS

**Please Use
BLOCK LETTERS.**

Provide details and supporting evidence if your name has changed due to

- marriage;
- deed poll etc.

Family Name															
Given Name(s)															
Date of Birth															
	<i>Day</i>			<i>Month</i>			<i>Year</i>								
Place of Birth											<i>Town</i>				
Gender											<i>Country</i>				
Queensland Driver's Licence Number															
Former Name(s)															

2. RESIDENTIAL DETAILS

You must be a permanent resident of Queensland to hold a Queensland weapon's licence.

You must provide proof of this e.g.

- rates notice;
- gas/ electricity account not more than 12 months old.

Street Number and Name															
Suburb/ Locality															
State				Postcode			How long have you lived at this address?								
										<i>Years</i>			<i>Months</i>		
Contact Details															
	<i>Daytime Contact Number</i>										<i>After Hours Contact Number</i>				

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

Postal Address (e.g. PO Box etc.)															
Suburb/ Locality															
State				Postcode											

PREVIOUS ADDRESS

Street Number and Name															
Suburb/ Locality															
State				Postcode											

3. FIREARMS LICENCE HISTORY OF APPLICANT

Have you ever in Queensland or elsewhere been issued with a licence or authority relating to firearms or weapons?										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Licence Number						<i>(One only required)</i>	State Issued						
Date Issued													
	<i>Day</i>			<i>Month</i>			<i>Year</i>						
Expiry Date													
	<i>Day</i>			<i>Month</i>			<i>Year</i>						

4. MEDICAL HISTORY

<p><i>If "yes" to any of the questions, you must provide details of the illness/ injury and details of the treatment.</i></p>	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"/>					

5. FURTHER INFORMATION

<p><i>If "yes" to any of the questions, you must provide full details.</i></p>	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"/>

6. CHECKLIST OF SUPPORTING DOCUMENTATION

	Yes	N/A	Police Use Only
<ul style="list-style-type: none"> I have attached proof that my name has changed as required by section 1 of this form. <i>If yes, please state the type of proof. e.g. Marriage Certificate, Deed Poll Certificate etc.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached proof of my address as required by section 2 of this form. <i>State type of proof e.g. rates notices, electricity/ gas accounts etc not more than twelve months old.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> I have attached evidence of my current/ expired weapons licence as required by section 3 of this form. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> 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"/>
<ul style="list-style-type: none"> I have attached details of the following information as required by section 5 of this form: <ul style="list-style-type: none"> Domestic Violence Order(s); Charged with any offence(s); Firearms prohibition order(s); 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

<input type="checkbox"/> <input type="checkbox"/> Day	<input type="checkbox"/> <input type="checkbox"/> Month	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year
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RECEIVING STATION CERTIFICATION

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

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

Signature

Name:	<input style="width: 100%;" type="text"/>		
Rank/ Position:	<input style="width: 60%;" type="text"/>	Reg. No./ Payroll No.:	<input style="width: 30%;" type="text"/>
Station:	<input style="width: 100%;" type="text"/>		

<input type="checkbox"/> <input type="checkbox"/> Day	<input type="checkbox"/> <input type="checkbox"/> Month	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year
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