



FORM 15C
QUEENSLAND
WEAPONS ACT 1990
SECTION 111



Ver. 5 — 06/12/2019

APPLICATION/RENEWAL FOR APPROVAL TO CONDUCT A SHOOTING GALLERY

You are required to satisfy the Authorised Officer that you have a genuine reason to hold an APPROVAL.
 Please COMPLETE ELECTRONICALLY AND PRINT or WRITE IN BLOCK LETTERS clearly and legibly in BLUE or BLACK pen

SECTION 1. APPLICATION TYPE

	Choose one <input checked="" type="checkbox"/> New application <input type="checkbox"/> or Renewal <input type="checkbox"/> Approval Number <input style="width: 150px;" type="text"/>
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SECTION 2. TYPE OF SHOOTING GALLERY

	Choose one <input checked="" type="checkbox"/> Paint Pellet Shooting Gallery <input type="checkbox"/> Mobile Shooting Gallery <input type="checkbox"/> Fixed (Indoor/Outdoor) <input type="checkbox"/>
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SECTION 3. BUSINESS DETAILS OF SHOOTING GALLERY

<i>Lot on plan (RP no.) can be found on rates notice</i>	Registered business name <input style="width: 100%;" type="text"/>
	Property name/ Lot on plan <input style="width: 100%;" type="text"/>
	Street number and name <input style="width: 100%;" type="text"/>
	Suburb/locality <input style="width: 100%;" type="text"/>
	State <input style="width: 50px;" type="text"/> Postcode <input style="width: 50px;" type="text"/> ACN <input style="width: 100%;" type="text"/>
	ABN <input style="width: 100%;" type="text"/>
	Contact details
	Work <input style="width: 100%;" type="text"/> Fax <input style="width: 100%;" type="text"/>
	Mobile <input style="width: 100%;" type="text"/>
	Email <input style="width: 100%;" type="text"/>
Is the club/business incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/> Choose one <input checked="" type="checkbox"/>	
If 'Yes', you must attach a copy of the Certificate of Incorporation	
Business Postal Address (if different to above)	
Postal address (e.g.) PO Box <input style="width: 100%;" type="text"/>	
Suburb/ Locality <input style="width: 100%;" type="text"/>	
State <input style="width: 50px;" type="text"/> Postcode <input style="width: 50px;" type="text"/>	

SECTION 4. LOCATION OF SHOOTING GALLERY

<i>Provide details of the location of the shooting gallery. If the address differs from the business address in Section 3 of this form.</i> <i>Lot on plan (RP no.) can be found on rates notice.</i>	Property name/ Lot on plan <input style="width: 100%;" type="text"/>
	Street number and name <input style="width: 100%;" type="text"/>
	Suburb/locality <input style="width: 100%;" type="text"/>
	State <input style="width: 50px;" type="text"/> Postcode <input style="width: 50px;" type="text"/>
	Contact phone no. <input style="width: 100%;" type="text"/>

SECTION 5. APPLICANT/REPRESENTATIVE DETAILS

<i>Provide details and supporting evidence if your name has changed due to:</i> <ul style="list-style-type: none"> • marriage; • change of name etc. 	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
	Family name <input style="width: 100%;" type="text"/>
	Given name(s) <input style="width: 100%;" type="text"/>
	Date of birth <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Driver licence no <input style="width: 100px;" type="text"/>
	<small>Day Month Year</small>
	Town of birth <input style="width: 100%;" type="text"/>
	Country of birth <input style="width: 100%;" type="text"/>
Former name(s) <input style="width: 100%;" type="text"/>	

SECTION 6. FIREARMS LICENCE HISTORY OF APPLICANT/REPRESENTATIVE

	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"/> Choose one <input checked="" type="checkbox"/>	
	Licence number <input type="text"/>	State Issued <input type="text"/>
	<i>(Only one required)</i>	
	Date issued <input type="text"/> <input type="text"/> <input type="text"/> <i>Day Month Year</i>	Expiry date <input type="text"/> <input type="text"/> <input type="text"/> <i>Day Month Year</i>

SECTION 7. APPROVED SAFETY COURSE

	If you are <u>NOT</u> the holder of a current firearms licence in Queensland or elsewhere you may be required to produce a copy of a current approved firearms training course certificate which was issued within the 12 month period immediately prior to this application.
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SECTION 8. RESIDENTIAL DETAILS

<p><i>You must provide proof of this e.g.,</i></p> <ul style="list-style-type: none"> • Rates notice • gas/electricity account not more than 12 months old. <p><i>Lot on plan (RP No.) can be found on rates notice.</i></p>	Current address
	Property name/ Lot on plan
	Street number and name
	Suburb/locality
	State <input type="text"/> Postcode <input type="text"/>
	How long have you lived at this address <input type="text"/> <input type="text"/> <i>Month Year</i>
	Postal Address (if different from above)
	Postal address (e.g. PO Box)
	Suburb/locality
	State <input type="text"/> Postcode <input type="text"/>
Previous Address (if at current address for less than 5 years)	
Street number and name	
Suburb/locality	
State <input type="text"/> Postcode <input type="text"/>	
Contact details	
Work <input type="text"/> Fax <input type="text"/>	
Mobile <input type="text"/>	
Email <input type="text"/>	

SECTION 9. FURTHER INFORMATION

The authorised officer must consider the need to protect persons from death or injury and property from unlawful destruction or damage when taking into consideration the granting of an approval under the Act. Conditions will be imposed where necessary to ensure such protection of persons and property.

	<i>Indicate as relevant by a cross <input checked="" type="checkbox"/> in box(es)</i>	
	(a) Have you ever in Queensland or elsewhere EVER been the subject of a Domestic Violence Order regardless of outcome or passage of time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) Have you in Queensland or elsewhere EVER been charged with any offence, this includes any traffic and/or criminal offence(s) that resulted in a Court attendance? (Please tick yes if you were charged but not convicted or a conviction was not recorded)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) Have you in Queensland or elsewhere EVER been the subject of a firearms prohibition/exclusion order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(d) Have you in Queensland or elsewhere been EVER refused a licence or authority for a firearm or weapon?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(e) Have you in Queensland or elsewhere been EVER had a licence or authority for a weapon that has been canceled disqualified, suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered YES to any questions in this section you must provide full details. (If insufficient space below, please provide further details on a separate sheet.)		

SECTION 10. MEDICAL HISTORY

Please indicate if you have EVER required treatment for any of the following

Indicate as relevant by a cross in box(es)

- | | | | | | |
|----------------------------------|------------------------------|-----------------------------|---------------------------------------|------------------------------|-----------------------------|
| (a) serious sight impairment | 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) brain injury | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (f) physical impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered YES to any questions in this section you must provide full details of the illness/injury and details of the treatment, and doctor's certificate is to be provided to clarify the condition DOES NOT affect your ability to possess or use a firearm. (If insufficient space below, please provide further details on a separate sheet.)

SECTION 11. LEGITIMATE ACTIVITY/PURPOSE

Please attach the required documentation as it applies to your legitimate activity/purpose.

LEGISLATION RESTRICTS THE USE OF WEAPONS TO THE FOLLOWING APPROVED ACTIVITIES OR PURPOSES:

APPROVAL TO CONDUCT A PAINT PELLET SHOOTING GALLERY

Indicate by a cross in white box only

A paint pellet shooting gallery (i.e., 'Skirmish')

If you intend to apply for this type of approval, go directly to Section 12 **A**

APPROVAL TO CONDUCT A MOBILE SHOOTING GALLERY

Indicate by a cross in white box only

A mobile shooting gallery (e.g., 'Show galleries')

If you intend to apply for this type of approval, go directly to Section 13 **A**

APPROVAL TO CONDUCT A FIXED INDOOR OR OUTDOOR SHOOTING GALLERY

Indicate by a cross in white box only

A mobile shooting gallery (e.g., 'Show galleries')

If you intend to apply for this type of approval, go directly to Section 13 **A B H**

CATEGORY 'A' WEAPONS

Each of the following is a category A weapon if it has not been rendered permanently inoperable —

- a miniature cannon under 120cm in barrel length that is a black powder and muzzle loading cannon, depicting a scale model of an historical artillery piece or navel gun;
- an air rifle;
- a rim-fire rifle (other than a self-loading rim-fire rifle);
- a shotgun other than a lever action shotgun, pump action shotgun or self-loading shotgun;
- a powerhead;
- a break action shotgun and rim-fire rifle combination;
- an air gun.

CATEGORY 'B' WEAPONS

Each of the following is a category B weapon if it is not been rendered permanently inoperable —

- a muzzle loading firearm;
- a single shot centre-fire rifle;
- a double barrel centre-fire rifle;
- a repeating centre-fire rifle;
- a break action shotgun and centre-fire rifle combination;
- a lever action shotgun with a magazine capacity of not greater than 5 rounds.

CATEGORY 'H' WEAPONS

As regulated in Section 7 of the Weapons Categories Regulation 1997

- All concealable firearms less than 75 cm in length.

SECTION 12. SHOOTING GALLERY APPROVAL — PAINT PELLET SHOOTING GALLERY

In support of your application, you must ensure that you attach the following documentation:

1. A plan of the proposed gallery and site drawn to a scale of no more than 1:1000 and no less than 1:4000;
2. A locality plan of the proposed range site and surrounding area with at least 500m radius of the site (not required for an indoor shooting range application)
3. Details of the height, location and nature of the devices proposed to prevent the escape of projectiles from the gallery;
4. The type of firearms to be used at the proposed shooting gallery;

SECTION 12. SHOOTING GALLERY APPROVAL — PAINT PELLET SHOOTING GALLERY (Cont.)

	<ol style="list-style-type: none"> 5. The type of ammunition that is to be used at the proposed shooting gallery; 6. Photographs of the proposed range site; 7. Details and verification of the site occupation arrangements by the entity (e.g., leasing agreements, property title); 8. Verification as to the approval from the local authority council for the body to conduct the activities at the proposed gallery site; 9. Documentation from the local authority or council advising the area zoning, activities approved for the proposed area, any proposed future activities or zoning of the area (e.g., other sporting venues, housing or industrial development); AND 10. Whether the fields are visible to the public.
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SECTION 13. SHOOTING GALLERY APPROVAL — FIXED INDOOR/OUTDOOR AND MOBILE

	<p>In support of your application, you must ensure that you attach the following documentation:</p> <p>Indoor and mobile shooting galleries:</p> <ol style="list-style-type: none"> 1. A plan of the proposed gallery and site, drawn to a scale suitable to observe the gallery features; AND 2. If known, details of the mobile shooting gallery’s Queensland itinerary for the next 12 month period. <p>Outdoor Galleries</p> <ol style="list-style-type: none"> 1. A plan or map (e.g., BLIN or cadastral) of the proposed range site drawn to a scale of no less than 1:25000 in order to observe gallery features; AND 2. Longitudinal and cross sectional plans detailing the height, location and nature of the devices proposed to prevent the escape of projectiles; AND 3. The distance to the nearest residence. <p>The following details are required for both indoor/outdoor and mobile shooting galleries:</p> <ol style="list-style-type: none"> 1. The types of firearms to be used at the proposed shooting gallery 2. The type of ammunition that is to be used at the shooting gallery 3. Where applicable, details of the restraints or mounts to be used to ensure that barrels can only be pointed down range; 4. Details of any other physical measures to ensure the safety of shooters, other range users and employees; 5. Details of the measures taken to prevent projectiles departing the gallery confines; 6. Where other than earth embankments are to be utilised, a large scale plan or drawing of the intended construction and specifications or materials (e.g., baffles, bullet catcher, enclosures, shade cloth etc.); 7. Type of target system proposed (e.g., turning, metal, falling plate, timber, paper targets); 8. Details and verification of the site occupation arrangements by the entry (e.g., leasing agreements, property titles); 9. Verification as to the approval from the local authority council for the body to conduct the activities at the proposed gallery site; AND 10. If available, photographs of similar galleries to visually represent the proposed gallery.
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APPLICANT CHECKLIST

Failure to complete this section may result in a delay in processing the application

Applicant checklist — Before lodging this application at your local Queensland police establishment, please ensure the following documentation is attached to your application (if applicable):

Indicate as relevant by a cross in box(es)

Evidence of Name Change e.g. current Australian Photo Driver Licence, Australian Passport, Adult Proof of Age Card (formerly 18+ card), Full Birth Certificate, Marriage Certificate, Divorce certificate and/or Change of Name Certificate: relevant to change.

Evidence of current Residential Address e.g. Copy of Rates Notice, Gas/Electricity (not more than 12 months old).
Driver Licence.

Where you have answered YES to any question in Section 8. Further information or Section 9. **Medical History**, written details are provided.

Evidence of completed **Safety Training Course** e.g. *copy of Safety Course Certificate completed within the preceding 12 months.*

Shooting Gallery documentation supporting your application.

Please present your application and all documentation in person at a Queensland police establishment
Ensure [Section 14 Certification](#) is signed and dated as relevant.

SECTION 14. CERTIFICATION

I certify that the information I have given is true and correct in every detail AND I have attached the Annexure(s) relevant to this application

Please note: it is an offence to state anything in a document kept, given or made under the *Weapons Act 1990* that is false or misleading. *Maximum penalty—100 penalty units or 2 years imprisonment.*

Signature of licensee/representative

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 the 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 QPS Right to Information and Privacy by email at rti@police.qld.gov.au or by telephone (07) 3364 4666.

SECTION 15. POLICE STATION USE/CHECKLIST

Applicant Details

Family name

Given Name(s)

Date of Birth

Day

Month

Year

Police Establishment
OR

Police Station Stamp

Date received

Day

Month

Year

Police Station Receipt no.

\$

.

Amount received

100 Point Check for Identification

The applicant is required to provide **ONE Primary** document **AND TWO Secondary** documents to your satisfaction

Primary documents—60 Points each *Provide only ONE*

Australian Photo Driver Licence
current or expired less than 2 years

Australian or Foreign Passport
current or expired less than 2 years

Australian Weapons Licence
current or expired less than 2 years

QLD or Federal Police officer Photo ID current

Australian Defence Force Photo ID
current

Australian Birth Certificate—
Only accepted for a Minor's Application

Secondary documents—20 Points Each *Provide any TWO*

Other Photo Id—e.g. Student ID current

Medicare Card

Credit Card/Financial Institution Debit Card

Dept of Veterans Affairs/Centrelink Pensioner Concession Card

Named Bill—e.g. Rates, Telephone

Rental Lease Agreement

Receiving member

Name

Rank & Reg. No./
Level & Payroll

Signature

Date

Day

Month

Year

Officer in Charge

Name

Rank & Reg. No./
Level & Payroll

Signature

Date

Day

Month

Year

Please ensure that the Police Station Checklist on the next page is completed prior to forwarding this application to Weapons Licensing.

POLICE STATION CHECKLIST

Police Station Checklist—Please ensure that all information/documentation indicated below is included/attached. Where an attachment or information is missing, please retain the application until the file is complete.

Indicate as relevant by a cross in box(es)

- 100 Point Check for identification complete with required **proof of ID documents. Primary and/or secondary documents** presented.
(Please Note: Copies of Proof of ID documents are not required to be supplied to WL)
- Prescribed fee** received and receipt details with amount paid noted on the application.
- Evidence of **Name Change** e.g. current Australian Photo Driver Licence, current Australian Passport, Adult Proof of Age Card (formerly 18+ card), Full Birth Certificate, Divorce Certificate and/or Change of Name Certificate; relevant to the change.
- Evidence of **Current Residential Address** e.g. Copy of Rates Notice, Gas/Electricity Account (not more than 12 months old) Driver Licence
- Where the applicant has answered **YES** to any question in Section 8. **Further Information** or Section 9. **Medical History**, written details provided
- Evidence of completed **Safety Training Course** e.g. copy of Queensland Safety Course Certificate completed within the preceding 12 months, **or a clear copy of a current Queensland Weapons Act Licence**
- Shooting Gallery documentation supporting your application.
- Section 14. Certification has been completed.**

Supporting Documentation

All supporting documentation is physically attached (on paper) for sending with the application

Choose one

Yes No

OR

All supporting documentation is being sent electronically (email sent to weapons.ranges@police.qld.gov.au)

Choose one

Yes No

Date
Day Month Year