

Antique/Black-Powder Firearms

I D.O.B:
 (FULL NAME)

of Postcode:.....
 (RESIDENTIAL

Contact Details: Home: Business: Mobile:
 ADDRESS)

Email: Weapons Licence/Certificate/Drivers Licence No.:

have acquired / intend to acquire the following Firearm from:

Queensland Dealer Licence No./ Individual Licence/Certificate No:

Name:

Address: Postcode: Contact number:

I make application to have the following firearm classified as an 'antique firearm' as defined in the *Weapons Act 1990*.

1. Please indicate the type of firearm:

- Muzzle loading
- Cap and Ball
- Cartridge Ammunition (NOT COMMERCIALY AVAILABLE) Cartridge
- Ammunition (COMMERCIALY AVAILABLE)

Make		Category:	
Model:		Calibre:	
Action:		Magazine Capacity:	
Serial No:		Year of Manufacture (provide evidence)	

2. If you have indicated Cartridge Ammunition is not commercially available you are required to provide supporting evidence. 775 character limit, if the space provided below is insufficient, please attach a separate A4 size page with this submission..

3. Medical History

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

- | | | |
|--------------------------------------|-----|----|
| a) Serious impairment of sight | Yes | No |
| b) Fits, dizziness or blackouts | Yes | No |
| c) Head injuries | Yes | No |
| d) Psychiatric or emotional problems | Yes | No |
| e) Alcohol or drug related problems | Yes | No |

If you have answered 'yes' to any of the above questions in section 3, you must provide details of the illness/injury and details of the treatment. A doctor's certificate is to be provided to certify the condition DOES NOT affect your ability to possess or use a firearm.

4. **Further information**

- | | | |
|---|-----|----|
| a) Have you in Queensland or elsewhere EVER been the subject of a Domestic Violence Order regardless of outcome or cessation of time? | Yes | No |
| b) Have you in Queensland or elsewhere EVER been charged with any offence? (Please select yes even if you were charged but not convicted or a conviction was not recorded) | Yes | No |
| c) Have you in Queensland or elsewhere EVER been the subject of a firearms prohibition/exclusion order? | Yes | No |
| d) Have you in Queensland or elsewhere been EVER refused a licence or authority for a firearm or weapon? | Yes | No |
| e) Have you in Queensland or elsewhere EVER had a licence or authority for a weapon that has been cancelled, disqualified, suspended or revoked? | Yes | No |

If you have answered 'yes' to any of the above questions in section 4, you must provide full details.

3315 character limit, if the space provided below is insufficient, please attach a separate A4 size page with this submission.

In signing the below I hereby certify that the information I have provided is true and correct in every detail

Signed:

Date:

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 ERTI@psba.qld.gov.au or by telephone 07 3364 4666.