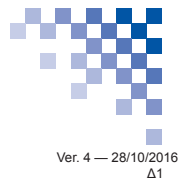




FORM 4A  
 QUEENSLAND  
 Weapons Act 1990  
 Section 24



Ver. 4 — 28/10/2016  
 Δ1

- CHANGE OF ADDRESS (Residential/Postal Only)
- CHANGE OF NAME(S)
- CHANGE OF WEAPON(S) SECURE STORAGE FACILITY

1. NOMINATE CHANGE(S)

Place a cross  in applicable box(es).

Address (Residential/Postal only)  Complete sections 1, 2, 3, 4, 5, 7 and 9 only.  
 Name(s)  Complete sections 1, 2, 3, 6 and 9 only.  
 Weapon(s) Secure Storage Facility  Complete sections 1, 2, 3, 8 and 9 only.

2. LICENCE NUMBER(S) AFFECTED BY THIS CHANGE

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. LICENSEE/REPRESENTATIVE DETAILS

Please use **BLOCK LETTERS.**

Family name   || Given name(s) |  |
Date of birth											
	Day	Month	Year								
**Contact details**											
Home		Work									
Mobile		Fax									
Email											

4. NEW RESIDENTIAL/POSTAL ADDRESS

Place a cross  in applicable box(es).

Property name/Lot on plan (RP no.) can be found on rates notice.

Change of residential address       Change of postal address

Property name/Lot on plan   || Street number and name |  |
Suburb/Locality											
State		Postcode		How long have you lived at this address?							
						Months	Weeks				
Postal address (e.g., PO Box)											
Suburb/Locality											
State		Postcode									

5. PREVIOUS RESIDENTIAL/POSTAL ADDRESS

Street number and name   || Suburb/Locality |  |
State		Postcode		How long have you lived at this address?					
						Years	Months		
Postal address (e.g., PO Box)									
Suburb/Locality									
State		Postcode							

## 6. CHANGE OF NAME(S)

	Previous 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"/>
	Current 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"/>
You must provide proof of change of name e.g., marriage certificate, deed poll certificate, dissolution of marriage certificate or driver licence.	

## 7. GENUINE REASON(S)

	Does your change of address affect the genuine reason for which your licence is currently issued? (e.g., Has the property where you will be using the weapon(s) changed?)	
	Yes (Refer to specific requirements below) <input type="checkbox"/>	No (Continue to question 9) <input type="checkbox"/>
	<input type="checkbox"/> <b>Primary producer/Rural employee</b> —Provide a completed Form 1 Annexure—Occupational/Rural Purposes.	
	<input type="checkbox"/> <b>Sports or Target Shooting (Category A &amp; B)</b> —Provide proof of current financial membership of an approved club. The proof is to clearly show the club name, your name and the expiry date of your membership.	
	<input type="checkbox"/> <b>Recreational shooting</b> —Provide a completed Form 1 Application for a Licence—Annexure—Recreational Shooting completed by a landowner for a property of 40 acres or larger.	

## 8. WEAPON(S) SECURE STORAGE FACILITY

	I hereby declare that I have access to a secure storage facility located at	
	Property name/ Lot on plan	
	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"/>	
	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"/>
and it complies with the <i>Weapons Act 1990</i> and the <i>Weapons Regulation 2016</i> .		
Provide a description of the new secure storage facility and the reasons why the weapon(s) are not stored at your residential address. If insufficient space, provide further information on a blank page and attach to this form.		
<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>		

## 9. LICENSEE CERTIFICATION

<b>CERTIFY AND SIGN HERE</b>	I certify that the information I have given is true and correct in every detail and have attached all required documentation.	
	<input style="width: 200px; height: 40px;" type="text"/> <i>Signature of licensee/representative</i>	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"/> Day Month Year

## 10. POLICE STATION USE ONLY

I have sighted sufficient documentation to support this change of address. <input type="checkbox"/> Documentation to support this change of name(s) is attached. <input type="checkbox"/> Sufficient information to support the change of weapon(s) storage facility has been provided. <input type="checkbox"/> <b>Name of receiving station</b> <input style="width: 100%; height: 30px;" type="text"/> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;"><b>Privacy Collection Statement</b></p> <p style="font-size: small; margin: 0;">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 <a href="mailto:rti@police.qld.gov.au">rti@police.qld.gov.au</a> or by telephone 07 3364 4666.</p> </div>	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 10px;"> <b>Receiving member</b> </div> Name <input style="width: 100%;" type="text"/> Rank and Reg. No./ Level and payroll no. <input style="width: 100%;" type="text"/> Signature <input style="width: 100%; height: 30px;" type="text"/> <div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 10px;"> <b>Officer in Charge</b> </div> Name <input style="width: 100%;" type="text"/> Rank and Reg. No. <input style="width: 100%;" type="text"/> Signature <input style="width: 100%; height: 30px;" type="text"/> 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"/> Day Month Year
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