

Send your completed application to:
Licensing Services Division
 GPO Box 2807
 Melbourne 3001
 Phone: 1300 651 645
 Fax: (03) 9247 6485



VICTORIA POLICE

VP 1206

**Application for Chief Commissioner's Approval to Possess
 Prohibited Weapon(s)
New Application Individual**

Part 1 - Type of Application (All Applicants must complete this part)

Please indicate whether you are:

An Individual Change of Prohibited Weapon Category

Part 2 - Personal Information (All Applicants must complete this part)

Current Name

Family Name
 Given Name/s

Date of Birth / / Sex: Male Female

Previous Name

Have you changed your name in the past 5 years? Yes No
 If you cross "yes", you must supply relevant documentation; eg marriage certificate or deed poll certificate.

Residential Address

Property Name (if applicable)

Flat/Unit Number / Street Number / Lot Number

Street Name

Street Type

Town/Suburb Postcode State

Postal Address (if different from residential address)

GPO Box PO Box Locked Bag Private Bag RMB RSD

Box/Bag Number

Street Name

Street Type

Town/Suburb Postcode State

Part 5 - Previous History (All Applicants must complete **all sections** for this part)

Section 1: Offences

Have you ever been found guilty of, or do you have charges pending for, any offence in Australia or Overseas? Yes No

If you answered "yes", which State and Country? State Country

Section 2: Licence Refusal/Cancellations

Have you ever been refused an approval for Prohibited Weapons? Yes No

Have you ever had an approval or exemption for prohibited weapons revoked? Yes No

Section 3: Domestic Violence Intervention Order

Have you ever been subject to a final (not interim) Intervention Order? Yes No Year

Section 4: Previous Licence/Exemption

Have you previously held an Approval for prohibited weapons? Yes No

If you answered "yes", please indicate: State where held Prohibited Weapons

Approval Type Where Issued

Part 6 - Storage

Part 5 of the instruction pages describe storage requirements.

Do you own or propose to own or store items listed on Part 7 of the instruction pages? Yes No If you answered "no", go to part 7.

Do your storage facilities comply with the requirements listed on the instruction pages? Yes No

If "no" please explain.

Storage Address

Are your items stored at the residential address you have already specified in Part 2? Yes No
If you answer "yes", go to part 7. If you answer "no" please specify the storage address below:

Name of Property Owner/Occupier:

Property Name (if applicable)

Flat/Unit Number

Street Number

Lot Number

Street Name

Town/ Suburb

Postcode

State

Part 7 - Type of Weapons Applying For

List the prohibited weapons you wish to apply for the Chief Commissioner's Approval for (*Refer to list in instruction pages*):

Part 8 - Reason for Application

Indicate the purpose for which approval is sought by placing a tick in the appropriate box. Please explain in detail the reasons.

- | | |
|---|---|
| <input type="checkbox"/> Possess Prohibited Weapon | <input type="checkbox"/> Carry Prohibited Weapon |
| <input type="checkbox"/> Manufacture Prohibited Weapon | <input type="checkbox"/> Use Prohibited Weapon |
| <input type="checkbox"/> Display Prohibited Weapon | <input type="checkbox"/> Import Prohibited Weapon |
| <input type="checkbox"/> Advertise Prohibited Weapon for Sale | <input type="checkbox"/> Sell Prohibited Weapon |
| <input type="checkbox"/> Other Purpose (Specify) | <input type="checkbox"/> Purchase Prohibited Weapon |

You will need to supply evidence as to why you require the Chief Commissioner's Approval. Please indicate reasons and attach documentation to support your reasons.

Reason Application / Exemption is Required	Information and Documents you must provide
1. <input type="checkbox"/> Family Heirloom	Applicant must be able to demonstrate that he/she inherited the weapon.
2. <input type="checkbox"/> Genuine Collector	Current membership card to a recognised Collector's organisation must be attached or proof that you are a bona-fide collector by attaching a list of prohibited weapons currently in your possession.
3. <input type="checkbox"/> Member of Martial Arts Organisation	a) Current membership card to a recognised Martial Arts Training/Demonstration Purposes organisation and; b) A letter of confirmation from an instructor of martial arts organisation verifying lawful current purpose.
4. <input type="checkbox"/> Laser Pointer	Hand held battery operated articles that are designed or adapted to emit a laser beam with an emission limit of greater than 1mW
5. <input type="checkbox"/> Required for trialing by Law Enforcement Organisation	Letter of support by the law enforcement organisation stating they desire to trial such weapon for law enforcement purposes.
6. <input type="checkbox"/> Souvenir for Display	Photograph of weapon.
<input type="checkbox"/> Other (Specify) – Provide Sufficient Information and documentation to support the reason relating to your application.	

Part 9 – Acknowledgement

I acknowledge that the particulars in this application and any attachments are true and correct and I make this acknowledgement knowing that it is an offence against section 5A (3) of the Control of Weapons Act 1990 to wilfully supply details that are false or misleading (maximum penalty 120 points units).

Signature:

Date:

Privacy Statement: The information collected in this application is being collected by Victoria Police. It will be used in accordance with the provisions of the *Firearms Act 1996*, *Private Security Act 2004*, *Control of Weapons Act 1990* and the *Information Privacy Act 2000*. Your information may be disclosed to employers, approved bodies and other statutory authorities by Victoria Police for the purpose of law enforcement and the administration of justice. Applicants may gain access to their information through application to the Victoria Police Freedom of Information Unit. Failure to provide information requested in this application may result in this application being returned.

Health Privacy Statement: The health information collected in this application is being collected by the Licensing Services Division, Victoria Police. Contact details can be found on the front of this form. The health information collected will be used in accordance with the provisions of the *Firearms Act 1996*, *Private Security Act 2004*, *Control of Weapons Act 1990* and the *Health Records Act 2001*. Your health information may be disclosed to approved bodies and/or statutory authorities for purposes related to the administration of the above Acts, for the purpose of law enforcement or, if necessary, for the establishment, exercise or defence of a legal or equitable claim. Applicants are able to gain access to their health information through application to the Victoria Police Freedom of Information Unit. Failure to provide the health information requested in this application may result in this application being refused or delayed.

IMPORTANT CHECKLIST

Before you mail this application to the Licensing Services Division MAKE SURE THAT YOU:

- Read all the explanatory notes.
- Answer all the questions that apply to you.
- If applicable, provide a certified copy of your identification document(s) and make sure that your referee has signed Part 2.
- Include all documentary evidence for your reason for application. (Part 7)
- **A cheque or money order for the correct amount, payable to the 'Licensing Services Division'. Must accompany this application form.**

Send your application to the:

**Licensing Services Division.
GPO Box 2807,
Melbourne, 3001.**

If you do not complete all the above steps, this may delay the processing of your application.

If you need information on any aspect of this application form, please contact the Licensing Services Division on Phone :1300 651 645 between the hours of 8 – 4pm Monday to Friday.

Control of Weapons Fees

Please refer to our website www.police.vic.gov.au and select **OUR SERVICES** then **WEAPONS** for a current list of up to date weapons application fee.