



VICTORIA POLICE

Send your completed application to:
Licensing Services Branch
GPO Box 2807AA
Melbourne 3001

Office Use Only
Licence number issued

Grid for licence number issued

Application for Chief Commissioner's Approval or Governor in Council Exemption to Possess Prohibited Weapon(s)

For Individuals, Nominees and Responsible Persons of a Body Corporate

Type of Application (All Applicants must complete this part)

Please indicate whether you are:

- An Individual
- A Responsible Person for a Body Corporate
- A Nominee for a Body Corporate

Please indicate whether this application is a:

- New Application
- Change of Prohibited Weapon Category
- Re-application

Part 1 - 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)

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

Box/Bag Number

Street Name

Street Type

Town/Suburb Postcode State

Part 3 - Medical History (All Applicants must complete this part)

Have you in the past 5 years been treated for:

Psychiatric, depression, stress or emotional problems? Yes No

Alcohol or drug related problems? Yes No

Heart attack, stroke, head injuries? Yes No

Any other medical condition which could preclude you from obtaining a Chief Commissioner's Approval or Governor in Council Exemption to possess a prohibited weapon? Yes No

Do you have any Physical Disability which may preclude you from obtaining a Chief Commissioner's Approval or Governor in Council Exemption to possess a prohibited weapon? Yes No

If you answer "yes" to any of the above, you must supply a medical certificate from the doctor who treated you or is familiar with your condition, indicating your suitability to hold a Chief Commissioner's Approval or Governor In Council exemption to possess a prohibited weapon.

Part 4 - 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 or exemption 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 or Exemption for Prohibited Weapons? Yes No

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

Prohibited Weapons Approval/Exemption Type Where Issued

Part 5 - Storage

Part 5 of the instruction pages describe storage requirements.

Do you own or propose to own or store items listed on Part 1 of the instruction pages? Yes No If you answered "no", go to part 6.

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 1? Yes No

If you answer "yes", go to part 6. 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

Street Type

Town/Suburb Postcode State

Part 6 - Type of Weapons Applying For

List the item(s) you wish to apply for the Chief Commissioner's Approval or Governor in Council Exemption for:

Part 7 - 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 or cause Prohibited Weapon to be imported |
| <input type="checkbox"/> Advertise Prohibited Weapon for Sale | <input type="checkbox"/> Sell Prohibited Weapon |
| <input type="checkbox"/> Other Purpose (Specify) _____ | |

You will need to supply evidence as to why you require the Chief Commissioner's Approval or Governor in Council Exemption. 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 Collectors' organisation must be attached.
3 <input type="checkbox"/> Member of Martial Arts Organisation for Training/Demonstration Purposes	1. Current membership card to a recognised Martial Arts organisation and; 2. A letter of confirmation from instructor of martial arts organisation verifying lawful current purpose.
4 <input type="checkbox"/> Private Security Industry Purpose	Letter of support from recognised security company which applicant is employed/contracted either full or part time.
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
7 <input type="checkbox"/> Trading Purposes	A signed "Statement of Purpose" declaration indicating their lawful reason to be in possession of the weapons requested.
<input type="checkbox"/> Other (Specify) – Provide Sufficient Information and documentation to support the reason relating to your application.	

Part 8 – Declaration

I declare that all the particulars in this document are true and correct and my storage arrangements comply with the conditions specified in this application.

Signature of applicant: Date

Print Name:

IMPORTANT CHECKLIST

Before you mail this application to the Licensing Services Branch 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)
- Enclose your cheque or money order for \$120.

Send your application to the Licensing Services Branch. (G.P.O.Box 2807AA, 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 Licensing Services Branch on (03) 9247-3227.