VICTORIA POLICE



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## 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	e this part)
Please indicate whether you are:	A Nominee for a Body Corporate
A Responsible Person 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 m	ust 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? If you cross "yes", you must supply relevant documenta	Yes No ation; 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 Privat Box/Bag Number	te Bag RMB RSD
Street Name	
Street Type	
Town/Suburb	Postcode State

## Business Details (if being used for business purposes)

Business Name
Flat/Unit Number , Street Number , Lot Number
Street Name
Street Type
Town/Suburb Postcode State
Drivers' Licence & Contact Details
Telephone (Home)     (Work)
(Mobile)
Part 2 - Identification Reference (Read Part 2 of the Instruction Pages before you complete this part)
Have you provided Identification documents on any previous Application for a Chief Commissioner's Approval or Governor in Council Exemption for Prohibited Weapons Form since 19/12/2000 Yes No
If you answer "yes" go to Part 3 – you do not have to provide any further information.
If you answer "no" you must provide Certified (Signed by the Referee) Identification Documents (see Instruction Pages – Part 2 to identify your particular circumstance) and arrange for the Referee Declaration to be completed.
Declaration by Referee and Signature by Applicant
I, the Referee, declare that I have known
by that name for a period of years andmonths and vouch for his/her identity.
Applicant to sign in the presence of an Acceptable Referee and indicate the type of Identification Documents being provided.
Applicants Signature Date
Identification Documents
I am providing the following Certified Identification Documents
I the Defense starts that the short defense and second construction the second s
I, the Referee, also certify that the above details are true and correct, the applicant's signature above was completed in my presence and the Identification Documents <b>I have signed</b> are true copies of the originals.
my presence and the Identification Documents <u>I have signed</u> are true copies of the originals.
my presence and the Identification Documents <u>I have signed</u> are true copies of the originals.          Acceptable Referee's Signature       Date
my presence and the Identification Documents <u>I have signed</u> are true copies of the originals.          Acceptable Referee's Signature       Date         Referee's Personal Details
my presence and the Identification Documents <u>I have signed</u> are true copies of the originals.          Acceptable Referee's Signature       Date         Referee's Personal Details         Family Name       Given name/s         Address       (Insert your category-
my presence and the Identification Documents <u>I have signed</u> are true copies of the originals.          Acceptable Referee's Signature       Date         Referee's Personal Details         Family Name       Given name/s         Address
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<u>must be attached</u> to this application

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?
Alcohol or drug related problems?
Heart attack, stroke, head injuries?
Any other medical condition which could preclude you from Yes No obtaining a Chief Commissioner's Approval or Governor in Council Exemption to possess a prohibited weapon?
Do you have any Physical Disability which may preclude Yes No you from obtaining a Chief Commissioner's Approval or Governor in Council Exemption to possess a prohibited weapon?
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 Yes No Charges pending for, any offence in Australia or Overseas?
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         Yes         No
Prohibited Weapons? Have you ever had an approval or exemption for Prohibited Yes No Weapons revoked?
Section 3: Domestic Violence Intervention Order
Have you ever been subject to a final (not interim)       Yes       No       Year         Intervention Order?       Yes       Year
Section 4: Previous Licence/Exemption Have you previously held an Approval or Exemption for Yes No
Prohibited Weapons? If you answered "yes", please indicate: State where held
Prohibited Weapons 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       Yes         Part 1 of the instruction pages?       No
Do your storage facilities comply with the requirements Yes No
listed on the instruction pages? 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

List the item(s) you wish to apply for the Chief Commissione	r's Approval or Governor in Council Exemption for
<b>Part 7 - Reason for Application</b> Indicate the purpose for which approval is sought by placing reasons.	a tick in the appropriate box. Please explain in detail the
Possess Prohibited Weapon	Carry Prohibited Weapon
Manufacture Prohibited Weapon	Use Prohibited Weapon
Display Prohibited Weapon	Import or cause Prohibited Weapon to be imported
Advertise Prohibited Weapon for Sale	Sell Prohibited Weapon
Other Purpose (Specify)	
You will need to supply evidence as to why you require the C	
You will need to supply evidence as to why you require the C Exemption. Please indicate reasons and <u>attach</u> documentation	
Exemption. Please indicate reasons and attach documentation	on to <u>support</u> your reasons.
	on to <u>support</u> your reasons. Information and Documents you must provide Applicant must be able to demonstrate that he/she inherited the
Exemption. Please indicate reasons and <u>attach</u> documentation <b>Reason Application/Exemption is Required</b> 1         Family Heirloom	on to <u>support</u> your reasons. Information and Documents you must provide Applicant must be able to demonstrate that he/she inherited the weapon.
Exemption. Please indicate reasons and <u>attach</u> documentation Reason Application/Exemption is Required 1 Family Heirloom 2 Genuine Collector	<ul> <li>Information and Documents you must provide</li> <li>Applicant must be able to demonstrate that he/she inherited the weapon.</li> <li>Current membership card to a recognised Collectors' organisation must be attached.</li> </ul>
Exemption. Please indicate reasons and <u>attach</u> documentation <b>Reason Application/Exemption is Required</b> 1         Family Heirloom	Information and Documents you must provide         Applicant must be able to demonstrate that he/she inherited the weapon.         Current membership card to a recognised Collectors' organisation
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Exemption. Please indicate reasons and <u>attach</u> documentation Reason Application/Exemption is Required Private Security Industry Purpose Required for trialing by Law Enforcement Organisation	<ul> <li>on to support your reasons.</li> <li>Information and Documents you must provide Applicant must be able to demonstrate that he/she inherited the weapon. Current membership card to a recognised Collectors' organisation must be attached. <ol> <li>Current membership card to a recognised Martial Arts organisation and;</li> <li>A letter of confirmation from instructor of martial arts organisation verifying lawful current purpose.</li> <li>Letter of support from recognised security company which applicant is employed/contracted either full or part time. Letter of support by the law enforcement organisation stating they desire to trial such weapon for law enforcement purposes. </li> </ol></li></ul>
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Exemption. Please indicate reasons and <u>attach</u> documentation   Reason Application/Exemption is Required   1   Family Heirloom   2   Genuine Collector   3   Member of Martial Arts Organisation for Training/Demonstration Purposes   4   Private Security Industry Purpose   5   Required for trialing by Law Enforcement Organisation   6   Souvenir for Display   7   Other (Specify) – Provide Sufficient Information and document of the sufficient of the sufficient of the sufficie	<ul> <li>Information and Documents you must provide</li> <li>Applicant must be able to demonstrate that he/she inherited the weapon.</li> <li>Current membership card to a recognised Collectors' organisation must be attached.</li> <li>1. Current membership card to a recognised Martial Arts organisation and;</li> <li>2. A letter of confirmation from instructor of martial arts organisation verifying lawful current purpose.</li> <li>Letter of support from recognised security company which applicant is employed/contracted either full or part time.</li> <li>Letter of support by the law enforcement organisation stating they desire to trial such weapon for law enforcement purposes.</li> <li>Photograph of weapon</li> <li>A signed "Statement of Purpose" declaration indicating their lawful reason to be in possession of the weapons requested.</li> </ul>
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Signature of applicant: Date Print Name:

IMPORTANT CHECKLIST
Before you mail this application to the Licensing Services Branch MAKE SURE THAT YOU:
<ul> <li>Read all the explanatory notes.</li> <li>Answer all the questions that apply to you.</li> <li>If applicable, provide a certified copy of your identification document(s) and make sure that your referee has signed Part 2.</li> <li>Include all documentary evidence for your reason for application. (Part 7)</li> <li>Enclose your cheque or money order for \$120.</li> </ul>
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.