PD312

SOUTH AUSTRALIA POLICE
SAFER COMMUNITIES

Summary Offences Act 1953 – Schedule 2 Clause 17

NOTIFICATION BY PROHIBITED WEAPONS DEALER / MANUFACTURER

- **This form is to notify the Commissioner of Police of the intention to trade in prohibited weapons as a dealership or as a manufacturer.**
- **Any person found guilty by court of an offence involving the use, or threat of using a weapon is not eligible for the exemption, Clause 17(a)(i) Summary Offences Act.**
- **Sole Traders Complete Part A – Partnerships / Corporations Complete Part B. A separate notification is required for each business.**

Government of South Australia

Failure to notify the requirements in accordance with Schedule 2 of the Summary Offences Act 1953 may void the defence of any exemption sought to trade in prohibited weapons.

PART A - SOLE TRADER

Trading as							
Family Name	First Name	Middle Name(s)					
Home Address						Postcode	
Full Business Address						Postcode	
Contact Numbers	Hm.		Bus.		Mob.		Fax	
Email Address							
Occupation		Date of Birth	/ /	Gender			

List any other names you are - or have been - known by / use:

Family Name	Given Name(s)	Known from (Date)	Known Until (Date)

Method of changing your name ☐ Deed Poll ☐ Marriage ☐ Reputation

List any circumstances in which you have appeared before a court or other judicial body in any State or Territory of Australia charged with an offence:

☐ **additional page(s) attached**

PART B – BUSINESS PARTNERSHIP OR CORPORATION

ACN / ABN

Company / Firm Name							
Trading as							
Full Company Address						Postcode	
Business Contact No.	Ph.		Mob.		Fax		
Address of Registered Office						Postcode	
Business Email Address							

The following must be completed for each partner or director of the body corporate. **Number of directors / partners:** ☐ ☐ **additional page(s) attached**

Name 1. (Primary Contact Person)	Family Name	First Name	Middle Name(s)		
Occupation		Date of Birth	/ /	Gender	
Home Address				Postcode	
Home Contact No.	Ph.		Mob.		Fax	
Name 2.	Family Name	First Name	Middle Name(s)		
Occupation		Date of Birth	/ /	Gender	
Home Address				Postcode	
Home Contact No.	Ph.		Mob.		Fax	

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South Australia Police

NOTIFICATION BY PROHIBITED WEAPONS DEALER / MANUFACTURER

BUSINESS PARTNERSHIP OR CORPORATION - continued

Has a director ever changed his / her name?	☐ No ☐ Yes, state name of director and state previous name(s) and any alias(es):		
	Director Name		
	Other Surname	First Name	Middle Name(s)
	Method of changing name	☐ Deed Poll ☐ Marriage ☐ Reputation	
Previous names of Company or Business			

List any circumstances in which:

(a.) any of the corporation have appeared before a court or other judicial body in any State or Territory of Australia charged with an offence

☐ **additional page(s) attached**

(b.) any of the partners or directors have appeared before a court or other judicial body in any State or Territory of Australia charged with an offence

☐ **additional page(s) attached**

BUSINESS INFORMATION – THIS SECTION MUST BE COMPLETED

Date of, or proposed date of commencement of business

Each and every full address at which the business is or will be carried on or records kept:

Indicate the types of prohibited weapons that are or are proposed to be bought or sold, manufactured, distributed, supplied or dealt:

Knives

☐ Ballistic	☐ Bayonet	☐ Butterfly	☐ Concealed	☐ Dagger
☐ Dirk / Sgian Dhu	☐ Fighting	☐ Flick	☐ Knife Belt	☐ Poniard
☐ Push knife	☐ Star Knife	☐ Throwing	☐ Trench	☐ Undetectable
☐ Machete	☐ Sword			

Chemical Weapons ☐ Chloroacetophenone ☐ Dypenylaminechloroarsone ☐ Orthochlorobenzalmalonoitrile

Other Weapons

☐ Brace Catapult	☐ Concealed Weapon	☐ Cross-bow	☐ Extendable Baton
☐ Hand or Foot claw	☐ Knuckle Duster	☐ Laser Pointer	☐ Morning star
☐ Nunchukus	☐ Pistol cross-bow	☐ Other Article :	

State how these weapons will be kept in a safe and secure manner:

DECLARATION

I hereby declare that all particulars given by me in this application are true and correct.

Signature of Applicant

Date / /

COMPLETE SCAN AND EMAIL TO: SAPOL.FirearmsBranch@police.sa.gov.au

OR POST TO: **FIREARMS BRANCH (130), GPO BOX 1539, ADELAIDE SA 5001**