SUMMARY OFFENCES ACT 1953 SECTION 15

PD312

NOTIFICATION BY PROHIBITED WEAPONS DEALER / MANUFACTURER

Government of South Australia

- **This form is to notify the Commissioner of Police:**
  - ☐ **that a dealer / manufacturer in prohibited weapons currently carries on business; OR**
  - ☐ **of a proposal to commence to carry on business as a dealer / manufacturer in prohibited weapons.**
- **Are you a ☐ Sole Trader, ☐ Partnership or ☐ Body Corporate ?**

Licence No.

Complete the relevant dealer details and Business Information section. A separate notification is required for each business.

HEAVY PENALTIES are provided for FALSE STATEMENTS

SOLE TRADER

Trading as

Surname

First Name | Middle Name(s)

Home Address						POSTCODE	
Full Business Address						POSTCODE	
Contact Numbers	Hm.		Bus.		Mob.		Fax
Email Address							
Occupation		Date of Birth	/ /		Sex		

Have you ever Changed your name? ☐ No ☐ Yes If yes, state previous name(s) and any alias(es):

Family Name | Given Name(s)

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

Other than minor traffic matters, have you ever appeared before a Court of Law, Panel or other Judicial Body of any kind charged with any offence? ☐ No ☐ Yes, give details

PARTNERSHIP OR BODY CORPORATE

ACN / ABN

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

The following must be completed for each partner or director of the body corporate. **No. of directors / partners:** ☐ **Additional page(s) attached**

Name 1.	Surname						
	First Name		Middle Name(s)				
Date of Birth	/ /	Sex		Occupation			
Home Address						POSTCODE	
Home Contact No.	Ph		Mob.		Fax		
Name 2.	Surname						
	First Name		Middle Name(s)				
Date of Birth	/ /	Sex		Occupation			
Home Address						POSTCODE	
Home Contact No.	Ph		Mob.		Fax		

Revised: 5/12/2011

PARTNERSHIP OR BODY CORPORATE - 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	
Has the body corporate ever appeared before a Court of Law, Panel or other Judicial body of any kind charged with any offence?	☐ No ☐ Yes, give details
Other than minor traffic matters, have any of the partners or directors ever appeared before a Court of Law, Panel or other Judicial Body of any kind charged with any offence?	☐ No ☐ Yes, give details

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:

Brief description of the nature of the business including a description of the types of prohibited weapons that are or are proposed to be bought or sold, manufactured, distributed, supplied or dealt (**Provide an overview of the reasons for dealing in prohibited weapons**):

Address for service of documents		Fax No.		POSTCODE	
Contact person for enquiries	Surname				
Name	First Name		Middle Name(s)		
Address				POSTCODE	
Contact No.	Ph		Mob.		Fax

DECLARATION

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

..... Signature of Applicant

.... / .... / .... Date

RETURN THIS FORM TO: ANY POLICE STATION

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