

E115 – Acceptable Methods of Payment Form

Explosives Act 1999



Resources Safety & Health
Queensland

Privacy Statement: The information on this form is being collected for the purpose of obtaining payment from an applicant or a current licence holder for the regulatory fee associated with an explosives authority application administered under the *Explosives Act 1999*, including licences and the authorisation of explosives. Your personal information may be disclosed within the Queensland Government only as necessary for the performance of the financial functions performed by these bodies. Your personal details will not be disclosed to any other third party or used for any other purpose without your consent, unless authorised or required to do so by law.

DO NOT EMAIL CREDIT CARD INFORMATION: If sending through e-mail do not complete the credit card details section of this form. Contact (07) 3199 8023 to organise payment over a secure telephone line.

To view current regulatory fees, please see [Information Bulletin 37](#).

Credit card or EFT payment details

Please find enclosed: Mastercard* Visa* Electronic funds transfer**
Please tick the applicable box

Applicant details:

(Print name of applicant in full eg individual or corporate or name as shown on the explosives licence.)

In payment for:

Application type:

(e.g. new, renewal, product authorisation. If more than one application, attach further details in writing.)

Explosives Authority Type:

(e.g. shotfirer, fireworks operator, sell, import, export)

No. of applications being lodged: _____

Period of licence applying for: _____

*For credit card payment this section MUST be completed in FULL **(only complete this section if posting your application).**

Credit card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Amount (\$AUD)	\$ _____	Card expiry date: / /
Cardholder's name <small>(please print)</small>	_____	Contact Number: _____
Cardholder's signature	_____	Date: / /
Address or PO Box (for receipting purposes):	_____	
Suburb or town:	_____	State: _____
		Postcode: _____

Is a receipt for this payment required by the applicant? YES NO

(If YES, please ensure current address or PO Box details are entered above)

**Before making payment by electronic funds transfer (EFT), please contact an explosives licensing officer to obtain the correct departmental details.