

# 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:** An online BPOINT payment option is available for the payment of licence fees. Further information will be provided on submission of a complete application.

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

## Credit card or EFT payment details

Payment type: Mastercard\*  Visa\*  Electronic funds transfer\*\*   
*Please tick the applicable box*

BPOINT Payment link (payment link will be sent to the email address specified below)

CHEQUE/MONEY ORDER (made out to Resources Safety and Health Queensland)

### 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: \_\_\_\_\_

### **\*DO NOT EMAIL CREDIT CARD INFORMATION - Only provide credit card details if posting application**

Credit card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount (\$AUD)	\$		Card expiry date: /	
Cardholder's name (please print)			Contact Number:	
Cardholder's signature			Date: / /	
Email address				
Postal address				
Suburb or town:		State:		Postcode:

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

*(If YES, please ensure current email and postal address details are entered above)\*\*Before making payment by electronic funds transfer (EFT), please [contact](#) the Explosives Inspectorate to obtain the correct payment details.*