



Australian Government

Department of Defence

DEFENCE DISPOSALS REGISTER OF INTEREST FORM

(* = Required)

PART 1. RESPONDENT DETAILS

1.1 Please provide your organisation's name and contact details*.

Organisation Name*

Organisation Business Hours Phone*

Organisation's Email Address*

Organisation's Postal Address*

1.2 Do you have an Australian Company Number (ACN), Registered Association Number (RAN), Australian Registered Body Number (ARBN)?*

Yes No

If you have any of the these numbers, please provide them in full.

Australian Company Number
(ACN)

Registered Association
Number (RAN)

Australian Registered
Body Number (ARBN)

1.3 Do you have an Australian Business Number (ABN)?

Australian Business
Number (ABN)

Yes

No

If you answered 'No' to Q1.3, please go to Q1.4. Otherwise, go to Part 2.

1.4 Is your organisation a RSL Sub Branch*?

**Provide RSL State Branch
details:**

Yes

No

PART 2. AUSTRALIAN HISTORICAL ORGANISATION STATUS

2.1 A key criteria of the Request for Tender is that your organisation meets Defence's requirement of 'Australian Historical Organisation' (AHO) status.

To be considered an AHO, one of the following must be true of your organisation. Please tick the box/s that best represent your organisation*:

A community organisation such as a museum, or historical society that is open to the general public.

An organisation which provides access to historical military displays and historical information to the Australian general public.

An organisation committed to the preservation of Australian-owned, nationally significant collections of materials that are publicly accessible including artefacts, letters, diaries, maps, photographs, and audio visual material.

2.2 Please provide details on how your organisation achieves any of the above.*

PART 3. ASSET DETAILS

3.1 What Assets are you registering your interest for*

3.2 Please provide specific Asset Number or ARN (if known).

3.3 Does your organisation currently possess this type of Asset or a version of this Asset?*

Yes

No

PART 4. FIREARMS LICENCES (IF REQUIRED)

5.1 Does the Asset/s require a firearm licence*?

Yes

No

Unsure

5.2 Does your organisation possess a valid firearm licence for your state or territory?

Yes

No

5.3 Does your organisation have a relationship with a licensed firearms dealer?

Yes

No

5.4 QLD ONLY: Does your organisation have a relationship with a licensed armourer?

Yes

No

PART 5. INSURANCE

6.1 Does your organisation hold Workers' Compensation Insurance?*

Yes

No

6.2 Does your organisation hold Public Liability Insurance?*

Yes

No

6.3 Does your organisation hold any other type of insurance?*

What type?

Yes

No

PART 6. FURTHER INFORMATION

Please provide any further supporting information you may think is relevant to your application.

PART 7. CONTACT DETAILS

Please provide details of the person legally authorised to represent your organisation, such as a management executive or board member.*

Name

Position

Mobile Phone

Business Phone

Email Address

Postal Address
