



# CLOSE ASSOCIATE CONSENT FORM

under the *Tattoo Industry Act 2012*

OFFICE USE ONLY												
Application No:	-											
Trim No:												

**NOTE**

1. A brief guide to the meaning of "close associate" under s. 4 of the *Tattoo Industry Act 2012* is in Section 5 of this form.
2. A separate form must be completed by each close associate and submitted to SLED by the Master licensee/Master licence applicant (as applicable).
3. ALL documentation submitted with this form that contains your name MUST show your name written and spelt in exactly the same way (unless you provide acceptable evidence of a change of name).

Please use a BLACK or BLUE PEN. Print clearly within the boxes in CAPITAL LETTERS.

## 1 MASTER LICENSEE/APPLICANT DETAILS

1.1 Provide the Master licensee/Applicant details.

LAST NAME

GIVEN NAME(S)

1.2 Provide the Master Licence Number and Expiry Date (if applicable)

MASTER LICENCE NUMBER

EXPIRY DATE (dd/mm/yyyy)

1.3 Provide the location of the body art tattooing premises.

PREMISES ADDRESS

SUBURB/TOWN

STATE

POSTCODE

1.4 Provide a description of your close associate relationship with the applicant eg. landlord of business premises, employee, contractor, anyone who holds relevant financial interest in the business or being a director, manager, secretary of a corporation that is a close associate. The meaning of "close associate" is contained in section 4 of the *Tattoo Industry Act 2012*. A guide to the meaning is provided in section 5 of this form.

## 2 CLOSE ASSOCIATE DETAILS

2.1 Provide your full name.

LAST NAME

GIVEN NAME(S)

2.2 Have you ever been known by any other name(s) (e.g. maiden name)?

NO

YES

(Provide details below, including when you stopped using the name)

LAST NAME

GIVEN NAME(S)

DATE CEASED

LAST NAME

GIVEN NAME(S)

DATE CEASED

2.3 Provide your current residential address (NOT a PO Box) and your postal address (if different from your residential address).

RESIDENTIAL ADDRESS

SUBURB/TOWN

STATE

POSTCODE

POSTAL ADDRESS

(IF SAME AS RESIDENTIAL ADDRESS WRITE 'AS ABOVE')

SUBURB/TOWN

STATE

POSTCODE

2.4 Provide your place and date of birth, and other details below.

DATE OF BIRTH

COUNTRY OF BIRTH

GENDER

MALE

FEMALE

If you were born in Australia, provide the State/Territory and Suburb/Town.

STATE/TERRITORY

SUBURB/TOWN

TELEPHONE NO (BUSINESS HOURS)

MOBILE

EMAIL ADDRESS

2.5 Provide your position/role in the business, corporation, trust or partnership (e.g. Director, Secretary, Manager, Partner)

2.6 You must provide copies of three (3) documents from the following list one of which must contain your photograph.

- Australian Passport clearly showing your name, date of birth, photograph, passport number and expiry date (may be expired within last 2 years)
- Australian Birth Certificate (not an extract)
- Australian Citizenship Certificate (front and back page)
- Australian Driver Licence
- Australian Marriage Certificate
- Health Card
- Immigration Card (Immicard)
- Medicare Card
- Pensioner Concession Card
- Senior's Health Card
- Health Care Card
- Australian Certificate of Registration by Descent
- Foreign Passport clearly showing your name, date of birth, photograph, passport number, expiry date and country of issue (an original certified copy only)
- Veteran Seniors Health Card (an original certified copy only)
- Veteran Gold Card (an original certified copy only)
- Veteran Pension Concession Card (an original certified copy only)
- NSW Photo Card / Proof of Age Card (an original certified copy only)

Note: Contact SLED if you are unable to provide three acceptable documents from the list.

### 3 CLOSE ASSOCIATE PERSONAL HISTORY

You must answer ALL questions in this section. Penalties apply for omissions and for providing false or misleading information. Attach a separate sheet if insufficient space.

3.1 Have you ever had an application for a tattoo industry licence refused or had a tattoo industry licence suspended, cancelled or revoked in New South Wales or elsewhere?

NO

YES

(Provide details below)

TYPE OF LICENCE	WHERE	WHEN
<input type="text"/>	<input type="text"/>	<input type="text"/>

REASON FOR REFUSAL / SUSPENSION / CANCELLATION / REVOCATION

If you appealed against the decision, provide details below.

DATE	COURT	APPEAL OUTCOME
<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2 Within the last 10 years, have you been to court in New South Wales or elsewhere and been convicted of an offence?

NO   
 YES  (Provide details below)

OFFENCE	PENALTY	COURT	DATE OF CONVICTION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.3 Within the last three years, have you been declared bankrupt or applied to take the benefit of any law for the relief of bankrupt or insolvent debtors?

NO   
 YES  (Provide details below)

  
  


3.4 Within the last three years, have you been concerned in the management of a corporation that was the subject of a winding up order or had an administrator appointed?

NO   
 YES  (Provide details below)

  
  


## 4 DECLARATION AND CONSENT

4.1 You must complete and sign the Declaration and Consent. There are severe penalties for providing information that is false and/or misleading.

I, (Print full name)  :

- certify that the information contained in this application is true and correct in every detail;
- understand that giving false or misleading information is a serious offence;
- consent to the disclosure by the relevant authority of information needed to verify any details I have given in this application;
- consent to and do request Australian police agencies to release, to the NSW Police Force, information held by any of them regarding any convictions, findings of guilt (either with or without conviction) and any matters still outstanding against me and any other matters deemed relevant that are recorded against me, whether in my current name or a previous name; and
- have attached all documents where requested by this application;

I acknowledge and agree:

- that NSW Police Force relies on other State and Commonwealth jurisdictions (Other Agencies) to provide information to it (Other Agency Information);
- to release the NSW Police Force from any liability arising from any errors or omissions contained in that Other Agency Information; and
- to release and indemnify those Other Agencies from any actions and demands that I may have available against them arising out of the release by them to the NSW Police Force of Other Agency Information.

The above acknowledgment does not alter any rights I may have under legislation.

SIGNATURE	DATE (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

## 5 WHO IS A CLOSE ASSOCIATE?

### 5.1 A close associate is a person who:

- (a) • holds or will hold any *Relevant Financial Interest* in the business  
 • is, or will be, entitled to exercise any *Relevant Power* in the business  
 • by virtue of that *Relevant Financial Interest or Relevant Power*, is, or will be, able to exercise significant influence in respect to the conduct of that business  
 • is, or will be, engaged as a contractor or employed in the business that is or will be carried on under the authority of the licence
- (b) or will hold, any *Relevant Position* in the business.

**“Relevant Financial Interest”:** any share in the capital of the business  
 any entitlement to receive any income or other financial benefit from the business  
 any entitlement to receive any rent, profit or other income in connection with the use or occupation of premises on which the business is or is to be carried on e.g., an entitlement of the owner of the premises at which the business is carried on to receive rent as lessor of the premises).

**“Relevant Power”:** Any power (by voting or otherwise) to;  
 • participate in any directorial, managerial or executive decision, or  
 • to elect or appoint any person to any relevant position.

**“Relevant Position”:** This refers to the positions of director, secretary or manager, any other executive positions, and such other positions prescribed by the Regulation.

(NOTE: The above information is set out as a guide only, the definition of the term “close associate” is fully set out in section 4 of the *Tattoo Industry Act 2012*).

## 6 APPLICATION CHECKLIST

Please tick that you have:

- Provided copies of **three (3)** acceptable identification documents one of which includes your photograph;
- Provided identical names on all forms and documents; or
- Provided, if applicable, original certified copies of acceptable change of name documents:  
 (Acceptable change of name documents must show a clear link between all your names and are limited to the following):
- Marriage certificate(s) issued by the NSW Registry of Births, Deaths & Marriages or, if you were married elsewhere, a certified copy of the marriage certificate issued by the celebrant or church
  - Change of Name certificate issued by the NSW Registry of Births, Deaths & Marriages
  - Full birth certificate showing your name at birth and your new name (Extracts and Commemorative certificates are NOT acceptable)
  - Divorce decree
  - Deed poll registered with the relevant authority
  - Instrument evidencing change of name registered in the Land Titles Office)
- Completed all required sections;
- Signed the Declaration and Consent;
- Attached all relevant supporting documentation – Ensure that you provide original certified copies of all documents **EACH PAGE that has been photocopied must** be signed by a Justice of the Peace, Legal Practitioner or Public Notary as a true and correct copy of the original;

**Mail the completed application form to:**  
 Security Licensing & Enforcement Directorate  
 NSW Police Force  
 Locked Bag 5099  
 PARRAMATTA NSW 2124

**IMPORTANT:  
 YOUR APPLICATION WILL BE DELAYED IF IT IS NOT FULLY COMPLETED AND/OR YOU HAVE NOT PROVIDED THE REQUIRED DOCUMENTATION AND FEE PAYMENT.**