

## OFFICE USE ONLY

Application No:	-																		
Trim No:																			

A brief guide to the meaning of "close associate" under section 4 of the *Tattoo Industry Act 2012* is in Section 5 of this form.

A separate form must be completed by each *close associate* and submitted with the Master licence application.

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 LICENCE DETAILS

### 1.1 Provide the Master Licence Number and Expiry Date (if applicable).

MASTER LICENCE NUMBER

                   

EXPIRY DATE (dd/mm/yyyy)

  /   /        

### 1.2 Provide the name of the Master licence holder or Master licence applicant (as appropriate).

LAST NAME

GIVEN NAME(S)

## 2 CLOSE ASSOCIATE DETAILS

### 2.1 Provide your full last name and any given name(s).

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 mailing address (if different from your residential address).

RESIDENTIAL ADDRESS

SUBURB/TOWN

STATE

POSTCODE

MAILING ADDRESS

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

SUBURB/TOWN

STATE

POSTCODE

### 2.4 Provide your date of birth in the format dd/mm/yyyy. You must also provide your:

- Country of birth
- Gender

- Telephone number during business hours & mobile number
- Email address (if applicable)

DATE OF BIRTH

  /   /        

COUNTRY OF BIRTH

GENDER

☐ MALE

☐ FEMALE

☐ NON-BINARY

☐ DIFFERENT TERM

☐ PREFER NOT TO ANSWER

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

STATE/TERRITORY

SUBURB/TOWN



TELEPHONE NO (BUSINESS HOURS)

MOBILE OR OTHER

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 certified 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
- Veteran Seniors Health Card
- Veteran Gold Card
- Veteran Pension Concession Card
- NSW Photo Card / Proof of Age Card

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

### 3 CLOSE ASSOCIATE PERSONAL HISTORY

3.1 You must answer ALL questions in this section. Penalties apply for omissions, false or misleading information. If you have more than one matter to declare for any question, attach a separate sheet showing details.

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




REASON FOR REFUSAL / SUSPENSION / CANCELLATION / REVOCATION

If you appealed against the decision, provide details below.

DATE

COURT

APPEAL OUTCOME




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

NO

☐

YES

☐

Provide details below

OFFENCE

PENALTY

COURT

DATE OF CONVICTION

## 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 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)

  /   /    

## 5 WHO IS A CLOSE ASSOCIATE?

- 5.1 A close associate is a person who:

- 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
- 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 certified 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, 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.**