



Application by an INDIVIDUAL FOR A NSW TATTOO INDUSTRY LICENCE under the Mutual Recognition Act 1992 or Trans-Tasman Mutual Recognition Act 1997

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Application No:	-								
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To apply for a NSW tattoo industry licence under mutual recognition principles, you MUST satisfy the following requirements:

- 1. You MUST hold a current equivalent licence in another Australian state or territory or in New Zealand.
- 2. ALL documentation submitted with your application that displays your name MUST show your name written and spelt in exactly the same way (unless you provide acceptable evidence of a change of name).
- 3. If you are applying for recognition of a Master licence, you must submit separate applications for each premises at which you propose to carry on a body art tattooing business in NSW.

DO NOT PROCEED WITH THIS APPLICATION UNLESS YOU MEET ALL OF THESE REQUIREMENTS.

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

1	PERSONAL DETAILS								
1.1	Provide your full last name and any given name(s).								
	LAST NAME	GIVEN NAME(S)							
1.2	Have you ever been known by any	other name(s) (e.g. maiden name	1)?						
		nils below, including when you sto		he name)					
	LAST NAME	GIVEN NAME(S)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DATE (CEASED			
	LASTIVAIVIE	GIVEN INAME(3)							
	LAST NAME	CIVEN NAME(S)			DATE	CEASED			
	LAST NAIVIE	GIVEN NAME(S)				/			
1.3	Provide your current residential add	dress (NOT a PO Box) and your po	stal address	(if different from your	residenti	ial address).			
	RESIDENTIAL ADDRESS								
	SUBURB/TOWN			STATE	P	OSTCODE			
	POSTAL ADDRESS (IF SAME AS RESID	DENTIAL ADDRESS WRITE 'AS ABO	OVE')						
	SUBURB/TOWN			STATE	P	OSTCODE			
1.4	Provide your date of birth in the fo	rmat dd/mm/www. You must also	provide vou	r.					
	• Country of birth •	Telephone number during busine				GENDER			
	• Gender •	Email address (if applicable)				Male			
	DATE OF BIRTH	OUNTRY OF BIRTH				Female			
						Non-binary			
	If you were born in Australia, provid	de the State/Territory and Suburb	Town.			Different term			
	STATE/TERRITORY SU	JBURB/TOWN				Prefer not to answer			
1.5	TELEPHONE NO (BUSINESS HOURS)	MOBILE	EMAIL ADI	DRESS					
ر.،	TEEL HOWE NO (BOSINESS HOOKS)		LIVIAIL ADI	DILESS.					

2	CTATEMENTS DECLUDED LINDER MUTUAL DECOCNITION LEGISLATION
	STATEMENTS REQUIRED UNDER MUTUAL RECOGNITION LEGISLATION
	You are required to make statements under the <i>Mutual Recognition Act 1992</i> and the <i>Trans-Tasman Mutual Recognition Act 1997</i> (as applicable) in respect to the licence(s) for which you are seeking recognition. There are severe penalties for making statements that are untrue or misleading.
	I make the following statements:
2.1	I hold equivalent licence(s) in another Australian state or territory or in New Zealand.
	TRUE (Provide details in Section 3.1)
	FALSE
2.2	I hold interim deemed registration or automatic deemed registration for equivalent licence(s) in another Australian state or territory or in New Zealand.
	TRUE (Provide details in Section 3)
	FALSE
2.3	Select the equivalent licence(s) for which you are seeking registration. Registration for a Master Licence is only available to individuals NOT corporations, partnerships or trusts.
	I seek registration for the following equivalent licence(s) in accordance with the mutual recognition principle:
	Master Licence
	Tattooist Licence
2.4	If applying to have your Master Licence mutually recognised, please provide the business name(s) and addresses of the premises at which you propose to carry on a body art tattooing business. (Provide a separate sheet if insufficient space)
	BUSINESS NAME
	ADDRESS
	ADDRESS
	SUBURB/TOWN POSTCODE
	BUSINESS NAME
	ADDRESS
	A DEFICES
	CURURRITONAN
	SUBURB/TOWN POSTCODE
2.5	I am not the subject of disciplinary proceedings in any Australian state or territory or in New Zealand (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to equivalent licences held.
	TRUE
	FALSE
2.6	No licences I hold or have previously held in any Australian state or territory or in New Zealand (including interim deemed registration and automatic deemed registration) have been cancelled or are currently suspended as a result of disciplinary action.
	TRUE
	FALSE
2.7	I am not otherwise personally prohibited from working in the tattoo industry in any Australian state or territory or in New Zealand, nor am I the subject of any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any State.
	TRUE
	FALSE
	IALJE

		atements, provide details belo		
URTHER INFORMA	ATION			
rovide details of each curre hold the following current		eld in another Australian state	or territory or in New Z	ealand.
LICENCE NUMBER	LICENCE TYPE	STATE/TERRITORY/NZ	ISSUE DATE	EXPIRY DATE
LICENCE NOWBER	LICENCE ITPE	STATE/TERRITOR T/INZ	1330E DATE	EXPIRT DATE
ou MUST provide an origin	al certified copy of both	the FRONT and BACK of each $$	licence listed above.	
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4	APPLICATION FEE							
4.1	Indicate the type and term of each licence required. The amounts reflect the applicable application fees for FY 2023-2024. Note separate Master licences must be issued for each premises at which you intend to carry on a body art tattooing business. The listed Master licence fee must be paid for each premises.							
	Tattooist Licence 1 YEAR \$744 3 YEARS \$905 5 YEARS \$1,063							
	Master Licence (only available to individuals, not corporations, partnerships or trusts)							
	1 YEAR \$2,228 3 YEARS \$2,707 5 YEARS \$3,182							
	If applying to have your Master Licence mutually recognised, please provide your Australian Business Number (ABN) Note: the ABN must be in the applicant's name.							
	ABN							
	Are you operating under a registered Business/Trading Name(s) No Yes (Provide details below)							
	REGISTERED BUSINESS/NAMES							
4.2	Insert total fee payable							
	TOTAL FEE PAYABLE \$							
4.3	Indicate payment method. Cheques and Money Orders are to be made payable to NSW Police Force. DO NOT SEND CASH.							
	Payment by: Cheque Cheque Number							
	Money Order Money Order Number							
	Credit Card ONLY MasterCard and VISA are acceptable. Credit Card payments are subject to a 0.44% merchant fee.							
	MasterCard VISA							
	Credit Card number Expiry Date Amount \$							
	Cardholder's Name (BLOCK LETTERS) Cardholder's Signature							
5	STATUTORY DECLARATION AND CONSENT							
5.1	A statutory declaration under the <i>Statutory Declarations Act 1959</i> may be made before authorised persons, including:							
5	A currently licensed or registered: A person in the following list:							
	 Chiropractor Optometrist Medical Park, building society or credit union officer with five or more Person before whom a statutory declaration may be made under 							
	Dentist Psychologist continuous years of service the law of the State or Territory the law of the State or Territory							
	Pharmacist Nurse Nurse Nurse Nurse Nucleary Public Police Officer							
	 Legal Practitioner Physiotherapist Veterinary Surgeon Registrar or Deputy Registrar or Clerk of a Court 							
	I, (Print full name)							
	of (Print current address)							
	Make the following declaration under the Statutory Declarations Act 1959:							
	1. The statements and other information provided in this application are true and correct;							
	2. All copies of documents provided with this application are complete and accurate copies of the originals; and							
	3. I consent to the making of inquiries of, and exchange of information with, the authorities of any Australian State or Territory or New Zealand regarding my activities in the relevant occupations or otherwise regarding matters relevant to this notice.							
	I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the <i>Statutory Declarations Act 1959</i> and I believe that the statements in this declaration are true in every particular.							
	Signature of Applicant:							

	Declared	lat
		PRINT THE PLACE WHERE DECLARATION WAS MADE
	on	
		PRINT THE DATE THAT THE STATUTORY DECLARATION WAS MADE
	Before r	ne:
		NAME AND SIGNATURE OF THE PERSON BEFORE WHOM THE DECLARATION IS MADE
		NAME AND SIGNATURE OF THE PERSON BEFORE WHOM THE DECLARATION IS MADE
		OLIALIEICATION OF REDCON REFORE WHOM THE DECLARATION IS MADE
		QUALIFICATION OF PERSON BEFORE WHOM THE DECLARATION IS MADE
		ADDRESS OF PERSON BEFORE WHOM THE DECLARATION IS MADE
6	ΔΡΡΙΙ	CATION CHECKLIST
U	AIIL	CATION CITECREST
	Please ti	ck that you have:
	Pro	ovided an original certified copy of both the FRONT and BACK of your interstate or New Zealand tattoo industry licence – EACH
		GE that has been photocopied <i>must</i> be signed by a Justice of the Peace, Legal Practitioner or Public Notary as a true and correct
	CO	by of the original;
	Pro	vided identical names on the form and documents; or:
	Pro	vided, if applicable, an original certified copy of an acceptable change of name document:
		ceptable 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)
	Ch	osen the correct equivalent licence and term of licence required.
	Co	mpleted all required sections;
	Sig	ned the Statutory Declaration and Consent before an authorised person; and
	Pro	vided the correct payment
		il the completed application form to:
		rurity Licensing & Enforcement Directorate W Police Force
		ked Bag 5099
		RRAMATTA 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.