

2 STATEMENTS REQUIRED UNDER MUTUAL RECOGNITION LEGISLATION

You are required to make statements under the *Mutual Recognition Act 1992* and the *Trans-Tasman Mutual Recognition Act 1997* (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

SUBURB/TOWN

POSTCODE

BUSINESS NAME

ADDRESS

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 ☐

2.8 If you have answered "False" to any of the above statements, provide details below.

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FURTHER INFORMATION

3.1 Provide details of each current equivalent licence held in another Australian state or territory or in New Zealand.

I hold the following current equivalent licence(s).

LICENCE NUMBER	LICENCE TYPE	STATE/TERRITORY/NZ	ISSUE DATE	EXPIRY DATE

You MUST provide an original certified copy of both the FRONT and BACK of each licence listed above.

3.2 Specify each Australian state or territory or New Zealand in which you have interim deemed registration to carry on the activity covered by the equivalent licence(s) for which you are seeking registration as selected in Question 2.3.

3.3 Specify each Australian state or territory or New Zealand in which you have automatic deemed registration to carry on the activity covered by the equivalent licence(s) for which you are seeking registration as selected in Question 2.3.

3.4 Specify any special conditions which apply to your working in the tattoo industry in any Australian state or territory or in New Zealand.

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 *Statutory Declarations Act 1959* may be made before authorised persons, including:

A currently licensed or registered:

- Chiropractor
- Optometrist
- Dentist
- Pharmacist
- Legal Practitioner
- Physiotherapist
- Medical Practitioner
- Psychologist
- Nurse
- Veterinary Surgeon

A person in the following list:

- Bank, building society or credit union officer with five or more continuous years of service
- Justice of the Peace
- Notary Public
- Registrar or Deputy Registrar or Clerk of a Court
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police Officer
- Sheriff

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 *Statutory Declarations Act 1959* and I believe that the statements in this declaration are true in every particular.

Signature of Applicant:

Declared at

PRINT THE PLACE WHERE DECLARATION WAS MADE

on

PRINT THE DATE THAT THE STATUTORY DECLARATION WAS MADE

Before me:

NAME AND SIGNATURE OF THE PERSON BEFORE WHOM THE DECLARATION IS MADE

QUALIFICATION OF PERSON BEFORE WHOM THE DECLARATION IS MADE

ADDRESS OF PERSON BEFORE WHOM THE DECLARATION IS MADE

6 APPLICATION CHECKLIST

Please tick that you have:

- ☐ Provided an original certified copy of both the **FRONT** and **BACK** of your interstate or New Zealand tattoo industry licence – **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;
- ☐ Provided **identical** names on the form and documents; or:
- ☐ Provided, if applicable, an original certified copy of an acceptable change of name document:
(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)
- ☐ Chosen the correct equivalent licence and term of licence required.
- ☐ Completed all required sections;
- ☐ Signed the Statutory Declaration and Consent before an authorised person; and
- ☐ Provided the correct payment

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.