

# Application by an **INDIVIDUAL FOR A NSW SECURITY LICENCE** under the *Mutual Recognition Act 1992 and/or Trans-Tasman Mutual Recognition Act 1997*

OFFICE USE ONLY									
Application No:		-							
Trim No:									

To apply for a NSW security licence under mutual recognition principles, you MUST satisfy the following requirements:

1. You MUST hold a current equivalent interstate licence;

2. ALL documentation submitted with your application that displays your name MUST show your name written and spelt inexactly the same way (unless you provide acceptable evidence of a change of name).

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)?	2			
	NO YES (Provide details below, including	ng when you stopped	using the name)			
	LAST NAME	GIVEN NAME(S)				
	LAST NAME	GIVEN NAME(S)		DATE CEASED		
1.3	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		
1.4	Provide your date of birth in the format dd/mm/yy         • Country of birth       • Telephone num         • Gender       • Email address (i         DATE OF BIRTH       COUNTRY OF BIR	ber during business he f applicable)	rovide your: ours & mobile number	GENDER Male Female Non-binary Different term		
	If you were born in Australia, provide the State/Te STATE/TERRITORY SUBURB/TOWN	erritory and Suburb/1	Fown.	Prefer not to answer		
1.5	TELEPHONE NO (BUSINESS HOURS) MOBILE		EMAIL ADDRESS			

P608

#### **STATEMENTS REQUIRED UNDER THE MUTUAL RECOGNITION ACT 1992** 2

Section 19(2) of the Mutual Recognition Act 1992 requires you to make certain statements regarding your seeking registration for the equivalent occupation in accordance with mutual recognition principles. You must tick either True or False to each and every statement 2.1 below. There are severe penalties for making statements that are untrue and/or misleading.

	I make the following statements:							
	I hold an equivalent class of licence in							
	TRUE (Provide details in Section 3.1	)						
2.2	Tick the licence for which you are see	eking registration. Registration for a I	Master Licence only available to individuals NOT corporations.					
	seek registration for the following licence in accordance with the mutual recognition principle:							
	CLASS 1 LICENCE 1A Security Officer 1B Bodyguard 1C Cash-in-Transit Guard 1D Guard Dog Handler 1E Monitoring Centre Operator 1F Armed Guard	<ul> <li>CLASS 2 LICENCE</li> <li>2A Security Consultant</li> <li>2B Security Seller</li> <li>2C Security Equipment Specialist</li> <li>2D Security Trainer</li> <li>2E Private Investigator</li> </ul>	<ul> <li>MASTER LICENCE</li> <li>MA Self employed individual with no other provided persons</li> <li>MB Provide no more than 3 persons</li> <li>MC Provide no more than 14 persons</li> <li>MD Provide no more than 49 persons</li> <li>ME Provide 50 or more persons</li> </ul>					
2.3	I am not the subject of disciplinary pr disciplinary proceedings) in relation t TRUE		y preliminary investigations or action that might lead to ion 6 - Notes)					
2.4	No licences I hold or have previously held in any State have been cancelled or are currently suspended as a result of disciplinary action. (See Section 6 - Notes) TRUE FALSE							
2.5			ustry in any State or Territory, nor am I the subject of any vil or disciplinary proceedings in any State.					
2.6	If you have answered "False" to any	of the above statements, provide det	ails below.					

## **3** FURTHER INFORMATION

## 3.1 Specify all States in which you hold an equivalent licence. (See Section 6 - Notes)

I current hold the following equivalent licence(s)

LICENCE NUMBER	LICENCE CLASS(ES)	STATE	ISSUE DATE	EXPIRY DATE

You MUST provide an original certified copy of both the FRONT and BACK of your interstate or New Zealand security licence. If you have a New Zealand security licence, you MUST supply an original certified copy of your Certificate of Approval.

## 3.2 Specify any special conditions which apply to your working in the security industry in any State.

# **4** APPLICATION FEE

4.1	Indicate the term of licence required.
	Class 1 and/or Class 2 Licence
	<b>1 YEAR</b> \$160.00 <b>5 YEARS</b> \$640.00
	Master Licence (only available to individuals <b>Not</b> corporations)
	1 YEAR       MA \$160.00       MB \$410.00       MC \$1,250.00       MD \$2,800.00       ME \$5,225.00         5 YEARS       MA \$640.00       MB \$1,640.00       MC \$5,000.00       MD \$11,200.00       ME \$20,900.00
	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.
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4.2	
4.2	Insert fee payable.
	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 Number
	Money Order Money Order Number
	Credit Card ONLY MasterCard and VISA are acceptable. Credit Card payments are subject to a 0.44% merchant fe
	MasterCard VISA
	Credit Card number Expiry Date Amount \$
	Cardholder's Name (BLOCK LETTERS) Cardholder's Signature

#### STATUTORY DECLARATION AND CONSENT A statutory declaration under the Statutory Declarations Act 1959 may be made before authorised persons, including: 5.1 A currently licensed or registered: A person in the following list: • Chiropractor • Optometrist • Bank, building society or credit Person before whom a statutory union officer with five or more declaration may be made under Dentist • Pharmacist the law of the State or Territory in continuous years of service Physiotherapist Legal Practitioner which the declaration is made Justice of the Peace Medical Practitioner Psychologist Police Officer Notary Public • • Veterinary Surgeon Nurse Sheriff 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; All copies of documents provided with this application are complete and accurate copies of the originals; and 2. I consent to the making of inquiries of, and exchange of information with, the authorities of any Australian State or Territory or New Zealand 3 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 NOTES

You need to read and acknowledge the following notes which provide further information about the statements and information you have provided in Sections 2 and 3 of this application form.

Any reference to a "State" in Section 2 or 3 includes a Territory and any State in Australia (including New South Wales) and New Zealand.

#### Revoked licences - training upgrade

A NSW security licence that was revoked because the licence holder failed to comply with the requirement to complete a required training upgrade is a licence that was "cancelled or suspended as a result of disciplinary action" (See Section 2.4).

If you have had a NSW licence revoked for failing to complete the training upgrade, **you are not eligible to** be granted a security licence in NSW under mutual recognition principles. Any application received from a person who has had a licence revoked on these grounds will be **rejected**.

### I acknowledge that I have read and understand the above notes.

SIGNATURE

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## **APPLICATION CHECKLIST**

Please tick that you have:

Provided an original certified copy of both the **FRONT** and **BACK** of your interstate or New Zealand security 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, if relevant, an original certified copy of both the **FRONT** and **BACK** of your New Zealand Certificate of Approval – **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 class(es), subclass(es) 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