



Application by a **GOVERNMENT AGENCY** for a **MASTER LICENCE** under the *Security Industry Act 1997*

| OFFICE USE ONLY | | | | | | | | | | | | |
|-----------------|---|--|--|--|--|--|--|--|--|--|--|--|
| Application No: | - | | | | | | | | | | | |
| Trim No: | | | | | | | | | | | | |

This application can only be used by Government Agencies or Public Authorities.

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

1 AGENCY DETAILS

1.1 Provide the full name of the agency.

AGENCY NAME

1.2 Provide the agency's Australian Business Number (ABN).

AUSTRALIAN BUSINESS NUMBER (ABN)

1.3 If the agency will use a registered Business Name in connection with security activities, provide the relevant Name. The Business name must be currently registered with ASIC.

REGISTERED BUSINESS NAME

1.4 Provide the Head Office address of the agency. (PO BOX not acceptable)

HEAD OFFICE ADDRESS

SUBURB/TOWN

STATE

POSTCODE

1.5 Provide the mailing address of the agency. All mail in connection with this licence will be sent to this address.

MAILING ADDRESS (IF SAME AS HEAD OFFICE ADDRESS, WRITE 'AS ABOVE').

SUBURB/TOWN

STATE

POSTCODE

DAYTIME CONTACT NUMBER

EMAIL ADDRESS

2 NOMINATED PERSON DETAILS

2.1 The Nominated Person is required to complete Sections 2 and 3, and sign the Declaration and Consent in Section 8.

Are you, or will you be, involved in the day-to-day conduct of the agency's security activities?

NO You are **not eligible** to be the Nominated Person.

YES Provide details below

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

LAST NAME

GIVEN NAME(S)

2.2 Provide your position in the agency.

POSITION IN THE AGENCY

2.3 Have you ever been known by any other name(s) (eg: 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

2.4 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

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

Country of birth

Gender (M = Male; F = Female)

Telephone number during business hours & mobile number

Email address

DATE OF BIRTH

COUNTRY OF BIRTH

GENDER (M or F)

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

2.6 You must provide certified copies of **two (2)** 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**
- **Aviation Security Identification Card**
- **Maritime Security Identification Card**

3 NOMINATED PERSON - EVIDENCE OF CITIZENSHIP/RESIDENCY/VISA STATUS

3.1 You must provide details of Australian citizenship or permanent Australian residency (includes New Zealand citizens) OR holding a visa for a skilled occupation to which the activities authorised by the proposed licence correspond. To do this, you must provide ONE of the following:

- a certified copy of a full Australian Birth Certificate (NOT an extract); OR
- a certified copy of your Certificate of Australian Citizenship; OR
- a certified copy of your Australian Passport; OR
- certified copies of your non-Australian passport and visa pages (clearly showing name, date of birth, photograph, passport number, expiry date, country of issue and relevant visa).

If the name on any document is different to your current name, you must provide a certified copy of acceptable documentary evidence of your change of name.

If you are not an Australian citizen or permanent Australian resident (includes New Zealand citizens), you must provide a police certificate from each country you have lived in for 12 months or more over the previous 10 years since turning 16. Each certificate must be translated into English (if necessary) and verified by the relevant country's embassy/consulate in Australia. Police Certificates submitted with this application must have been issued within the last 12 months.

Are you an Australian citizen or permanent Australian resident (includes New Zealand citizens), or hold a visa for a skilled occupation to which the activities authorised by the proposed licence correspond?

NO You are **not eligible** to be the Nominated Person
 YES Go to Section 4.

4 LICENCE CLASS

4.1 The licence class determines the number of persons that a Master licence holder is authorised to provide on any one day to carry on security activities. NOTE: Class MA (self employed with no other provided persons) is not available to a government agency applicant.

Tick the class of licence you require.

MB - Provide no more than 3 persons
 MC - Provide no more than 14 persons
 MD - Provide no more than 49 persons
 ME - Provide 50 or more persons

5 LICENCE TERM & APPLICATION FEE

5.1 Indicate the term of licence required.

| | | | | |
|---------|----------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|
| 1 YEAR | <input type="checkbox"/> MB \$410.00 | <input type="checkbox"/> MC \$1,250.00 | <input type="checkbox"/> MD \$2,800.00 | <input type="checkbox"/> ME \$5,225.00 |
| 5 YEARS | <input type="checkbox"/> MB \$1,640.00 | <input type="checkbox"/> MC \$5,000.00 | <input type="checkbox"/> MD \$11,200.00 | <input type="checkbox"/> ME \$20,900.00 |

5.2 Insert fee payable.

TOTAL FEE PAYABLE \$

5.3 Payment MUST be made by Credit Card. Provide your Credit Card details below. ONLY MasterCard and Visa are acceptable. Credit Card payments are subject to 0.44% merchant fee. **DO NOT SEND CASH.**

MasterCard VISA

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|
| Credit Card number | Expiry Date | Amount \$ |
| <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> | <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Cardholder's Name (BLOCK LETTERS) | Cardholder's Signature | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | |

6 PREVIOUS SECURITY LICENCE HISTORY

6.1 You must inform the Security Licensing & Enforcement Directorate (SLED) if the agency has ever previously held a NSW security licence. Has the agency previously held a NSW security licence?

NO
 YES Provide details below

Licence Number (if known) Expiry Date (if known) / /

7 PUBLIC LIABILITY INSURANCE

7.1 If the agency intends to provide to carry on security activities involving the possession or use of firearms, the use of horses, or the use of dogs, it must obtain and maintain public liability insurance cover totalling at least \$10,000,000.

Does the agency intend to provide persons to carry on security activities involving the possession or use of firearms, the use of horses, or the use of dogs?

NO

YES Complete details below

NAME OF PUBLIC LIABILITY INSURER

POLICY NUMBER

AMOUNT OF COVER

EXPIRY DATE OF POLICY

/
 /

8 DECLARATION AND CONSENT

8.1 The Nominated Person 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) :

- am the Nominated Person for the government agency;
- 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;
- authorise disclosure to the NSW Police Force by New Zealand Police of ANY information that may be held by NZ Police, including any interaction I have had with NZ Police in any context or any information received by NZ Police. I understand that this is not limited to conviction information. Where that information relates to any record of criminal convictions I might have, I understand that it will automatically be concealed if I meet eligibility criteria stipulated in section 7 of the *NZ Criminal Records (Clean Slate) Act 2004*;
- have attached all documents where requested by this application; and
- have supplied credit card details for the correct fee.

I acknowledge and agree:

- that the 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 of Other Agency Information to the NSW Police Force.

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

SIGNATURE

DATE (dd/mm/yyyy)

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9 APPLICATION CHECKLIST

Please tick that you have:

- Provided, if applicable, acceptable evidence of Australian citizenship or permanent Australian residency (includes New Zealand citizens), or evidence of holding a visa for a skilled occupation to which the activities authorised by the proposed licence correspond.
- Provided, if applicable, a police certificate from each country that the Nominated Person has lived in for 12 months or more over previous 10 years since turning 16 that has been translated into English (if necessary) and verified by the relevant country's embassy/consulate in Australia;
- Provided, if applicable, certified copies of acceptable change of name documents. Acceptable change of name documents must show a clear link between all names and are limited to the following:
 - Change of Name certificate issued by the NSW Registry of Births, Deaths & Marriages
 - Marriage certificate(s) issued by the NSW Registry of Births, Deaths & Marriages or, if married elsewhere, a certified copy of the marriage certificate issued by the celebrant or church
 - Full birth certificate showing the name at birth and the 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 licence class and term of licence required;
- Provided certified copies of all required 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; 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.**