



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

OFFICE USE ONLY												
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)?**

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

**1.3 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

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

- Country of birth
- Telephone number during business hours & mobile number
- Gender
- Email address (if applicable)

DATE OF BIRTH  COUNTRY OF BIRTH

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

STATE/TERRITORY  SUBURB/TOWN

**1.5** TELEPHONE NO (BUSINESS HOURS)  MOBILE  EMAIL ADDRESS

## 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 (The Business Name must be currently registered with ASIC.)

ADDRESS

SUBURB/TOWN

POSTCODE

BUSINESS NAME (The Business Name must be currently registered with ASIC.)

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.


**3 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. Details of application fees are available on the SLED website at [www.police.nsw.gov.au/online\\_services/sled/tattoo\\_industry\\_licences](http://www.police.nsw.gov.au/online_services/sled/tattoo_industry_licences).  
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       3 YEARS       5 YEARS

Master Licence (only available to individuals, not corporations, partnerships or trusts)

1 YEAR       3 YEARS       5 YEARS

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 (The Business Name must be currently registered with ASIC.)

4.2 Insert total fee payable

TOTAL FEE PAYABLE \$

4.3 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 a 0.44% merchant fee. DO NOT SEND CASH.

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 a 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, 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;
- 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.**