



# Application to **AMEND, VARY or REPLACE AN EXISTING MASTER LICENCE held by an INDIVIDUAL** under the *Security Industry Act 1997*

OFFICE USE ONLY												
Application No:	-											
Trim No:												

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

## 1 CURRENT MASTER SECURITY LICENCE DETAILS

1.1 Provide your security licence details as currently held by the Security Licensing & Enforcement Directorate (SLED).

LICENCE NO:

CLASS

EXPIRY DATE (dd/mm/yyyy)   /   /

1.2 Provide your full last name and any given name(s) as they appear on your licence certificate.

LAST NAME

GIVEN NAME(S)

1.3 Provide your registered Business Name as it appears on your licence certificate, if applicable.

REGISTERED BUSINESS/TRADING NAME

1.4 Provide the daytime contact details for this application:

DAYTIME CONTACT NUMBER

EMAIL

## 2 REASON FOR APPLICATION

2.1 What is the reason for this application? Please tick one or more of the following:

Licence Upgrade	<input type="checkbox"/>	Refer to Schedule of fees Go to Section 3
Change of Name	<input type="checkbox"/>	\$65.00* Go to Section 4.1
Change of Business Address and/or Contact Details	<input type="checkbox"/>	No fee* Go to Section 4.2
Change, Add and/or Delete Business Name / ABN	<input type="checkbox"/>	\$65.00* Go to Section 4.3
Change of Name of Current Close Associate	<input type="checkbox"/>	\$65.00* Go to Section 4.4
Add Close Associate	<input type="checkbox"/>	\$65.00* Go to Section 4.5
Delete Current Close Associate	<input type="checkbox"/>	\$65.00* Go to Section 4.6
Replacement Licence Certificate (no changes)	<input type="checkbox"/>	\$65.00* Go to Section 5

\*For any combination of these amendments, the fee is \$65.00.

## 3 LICENCE UPGRADE

3.1 Complete this section only if you require an increase in the number of persons you are authorised to provide on any one day to carry on security activities. The fee for the licence upgrade is the difference between the application fees for the current licence class and new licence class. **You cannot alter the term of the licence.** NOTE: If you only require a short-term increase in the number of provided persons, you may apply for a Temporary Excess Provision of Services Permit (Form P1122).

**New Licence Class Required**

Tick the appropriate box for the licence class 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

## 4 CHANGE OF LICENCE PARTICULARS

**4.1 Change of Name**  
 Provide the full last name and any given name(s) by which you are NOW known and provide a certified copy of acceptable evidence of your name change.

LAST NAME  GIVEN NAME(S)

**4.2 Change of Business Address and/or Contact Details**  
 Provide only those details that you want to change.

**PRINCIPAL BUSINESS ADDRESS**

SUBURB/TOWN  STATE  POSTCODE

**MAILING ADDRESS**  
 (IF SAME AS PRINCIPAL BUSINESS ADDRESS WRITE 'AS ABOVE')

SUBURB/TOWN  STATE  POSTCODE

TELEPHONE NO (BUSINESS HOURS)  MOBILE OR OTHER  EMAIL ADDRESS

**4.3 Change, Add and/or Delete Business Name/ABN**  
 Provide the registered Business Name/ABN now required on the Master Licence. The Business Name must be currently registered with ASIC.

BUSINESS NAME  ABN

Provide the registered Business Name/ABN to be deleted from the Master Licence.

BUSINESS NAME  ABN

**4.4 Change of Name of Current Close Associate**  
 Provide the full last name and any given name(s) by which the current Close Associate is NOW known and provide a certified copy of acceptable evidence of the name change.

LAST NAME  GIVEN NAME(S)

DATE OF BIRTH  POSITION (DIRECTOR, MANAGER, ETC)

**4.5 Add Close Associate**  
 Do you want to add a Close Associate(s)?  
 YES  Complete and attach a "Close Associate Nomination Form" (Form P644) for each new close associate to be included on the Master licence.

**4.6 Delete Current Close Associate**  
 Provide the details of the current Close Associate you are deleting from your Master licence.

LAST NAME  GIVEN NAME(S)

DATE OF BIRTH  POSITION (DIRECTOR, MANAGER, ETC)

## 5 REPLACE LOST, STOLEN OR DAMAGED LICENCE

**5.1** Complete this section ONLY if your licence certificate has been lost, stolen, destroyed, defaced, mutilated or become illegible and you require a replacement with NO changes to the details that appear on the licence.

**NOTE:** If your licence certificate has been lost or stolen, you must first report the incident to the Police Assistance Line on 131 444 and obtain an Event Reference Number.  
 If your licence certificate has been destroyed, defaced, mutilated or become illegible, you must first report the incident to SLED on 1300 362 001.

I require a replacement licence certificate with NO changes because my licence has been:

Lost or Stolen (you **MUST** provide the Event Reference Number) E

Destroyed, defaced, mutilated or become illegible

**6 APPLICATION FEE**

6.1 Full payment **MUST** accompany your application. Applicable fees are shown in Section 2 of this application. Payment **MUST** be made by Credit Card. ONLY MasterCard or 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

**7 DECLARATION AND CONSENT**

7.1 You 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)  :

- 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;
- have attached all documents where requested by this application; and
- have supplied credit card details for the correct fee.

I understand and acknowledge that, unless my Master licence certificate was lost or stolen, I must surrender my old Master licence certificate to the Security Licensing & Enforcement Directorate within 14 days of receiving my new Master licence certificate by mailing it to **Locked Bag 5099, Parramatta, NSW, 2124.**

SIGNATURE

DATE (dd/mm/yyyy)   /   /

**8 APPLICATION CHECKLIST**

Please tick that you have:

- Completed all relevant sections;
- 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;
- Provided, if applicable, a "Close Associate Nomination Form" (Form P644) for any additional close associate(s);
- Signed the Declaration and Consent;
- Attached all relevant supporting documentation – Ensure that you provide original certified copies of all document. **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.**