



## Application to AMEND or REPLACE a TATTOOIST LICENCE

under the Tattoo Industry Act 2012

OFFICE USE ONLY										
Application No:		-								
Trim No:										

## NOTE

All documentation accompanying your application that displays your name must show your name written and spelt in exactly the same way (unless you provide acceptable documentary evidence of a change of name).

D 11	NT TATTOOIST LICE	NCE DETAILS						
Provide ve	Provide your Tattooist licence details as currently held by the Security Licensing & Enforcement Directorate (SLED).							
-	LICENCE NUMBER EXPIRY DATE (dd/mm/yyyy)							
LICENCE	VOIVIBER	EXFIRT DATE (						
LAST NAM	ИΕ							
GIVEN NA	AME(S)							
DATE OF E	BIRTH							
REASC	ON FOR APPLICATION	V						
What is th	What is the reason for this application? Please tick one or more of the following:							
			_					
Change o	f Name	Fee	\$57 - Go to section 3.1					
Change o	f Address and/or Contact Deta	ails No	Fee - Go to section 3.2					
Change o	f other Personal Details	No	Fee - Go to section 3.3					
Replace Lo	ost, Stolen, Destroyed, or Dam	naged Licence Card Fee	\$57 - Go to section 4.1					
	an an way a san							
CHANG	GE OF NAME, ADDR	ESS OR CONTACT D	ETAILS					
Change of	f Name							
			OW known and provide an origi	nal certified copy of an acceptab				
_	f name document with your ap	pplication.	CIVIENT NAME (C)					
LAST NAM	/IE		GIVEN NAME(S)					
Change of	f Address and/or Contact Deta	ails						
_	f Address and/or Contact Deta		dress must be a street address as	a PO Box is NOT acceptable.				
Provide yo			dress must be a street address as	a PO Box is NOT acceptable.				
Provide yo	our current address and contact		dress must be a street address as	a PO Box is NOT acceptable.				
Provide you	our current address and contain							
Provide yo	our current address and contain		dress must be a street address as	a PO Box is NOT acceptable.  POSTCODE				
Provide you	our current address and contain							
Provide you	our current address and contain TIAL ADDRESS							
Provide your RESIDENT SUBURB/T	our current address and contain TIAL ADDRESS	ct details. Your residential add						
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Provide your RESIDENT SUBURB/T MAILING (IF SAME )	our current address and contaction of the contac	ct details. Your residential add	STATE	POSTCODE				
Provide your RESIDENT SUBURB/T	our current address and contaction of the contac	ct details. Your residential add						
Provide your RESIDENT SUBURB/T MAILING (IF SAME )	our current address and contaction of the contac	ct details. Your residential add	STATE	POSTCODE				

Change of Other Personal Details.  What other details do you want to change? Please specify below.
DEDLACE LOST STOLEN, DESTROYED OR DAMAGED LICENCE
REPLACE LOST, STOLEN, DESTROYED OR DAMAGED LICENCE
Lost or Stolen  Destroyed or Damaged
APPLICATION FEE
If a fee is applicable, full payment MUST accompany your application. Applicable fees are shown in Section 2 of this application.  Payment MUST be made by Credit Card. DO NOT SEND CASH.  Provide your Credit Card details. 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
DECLARATION AND CONSENT
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;
<ul> <li>have attached all documents where requested by this application; and</li> <li>have supplied credit card details for the correct fee.</li> </ul>
SIGNATURE DATE (dd/mm/yyyy)
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;  Signed the Declaration and Consent;  Attached all relevant supporting documentation – Ensure that you provide original certified copies of all documents – EACH PAGE

Provided the correct payment.
Mail the completed application form and supporting documentation (if relevant) 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.

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