



Application to AMEND, VARY or REPLACE AN EXISTING MASTER LICENCE held by a GOVERNMENT AGENCY

under the	Security	' Industry	Act	1997
-----------	----------	------------	-----	------

	OF	FICI	US	E O	NL	1			
Application No:	-								
Trim No:									

Please	e use a BLACK or BLUE PEN. Print clearly within the boxes in CAPITAL LETTERS.
1	CURRENT MASTER SECURITY LICENCE DETAILS
1.1	Provide the security licence details of the agency as currently held by the Security Licensing & Enforcement Directorate (SLED). LICENCE NO: CLASS EXPIRY DATE (dd/mm/yyyy)
1.2	Provide the full name of the agency. GOVERNMENT AGENCY NAME
1.3	Provide the agency's Registered Business Name as it appears on the licence certificate (if applicable). REGISTERED BUSINESS 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 Refer to Schedule of fees Go to Section 3 Change of Agency Name \$65.00* Go to Section 4.1 Change of Address and/or Contact Details No fee* Go to Section 4.2 Change, Add and/or Delete Business Name \$65.00* Go to Section 4.3 Change of Nominated Person \$65.00* Go to Section 4.4 Replacement Licence Certificate (no changes) \$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 the 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. 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 Agency Name Provide the name by which the government agency is NOW known and provide a certified copy of evidence of the name change. GOVERNMENT AGENCY NAME

SUBURB/TOWN	S	TATE	POSTCODE				
MAILING ADDRESS							
IF SAME AS HEAD OFFICE ADDRESS, WRITE 'AS A	BOVE')						
SUBURB/TOWN	S	TATE	POSTCODE				
relephone no (business hours) mobile c	R OTHER EMAIL ADDRES	S					
Change, Add and/or Delete Business Name							
Provide the registered Business Name now required	d on the Master licence. The Business Nam	e must be curre	ently registered with ASIC.				
registered business name							
Provide the registered Business Name to be deleted	from the Master licence.						
registered business name							
Change of Naminated Person							
Change of Nominated Person Provide the full last name and any given name(s) o	f the current Nominated Person (as held by	SLED)					
AST NAME	GIVEN NAME(S						
The new Nominated Person must be involved Does the new Nominated Person meet the above of The person is not eligible to be the	riteria?	r's security act	tivities.				
Opes the new Nominated Person meet the above of NO The person is not eligible to be the YES The new Nominated Person is required to be completed by the Nominated Person	riteria?						
Does the new Nominated Person meet the above of NO The person is not eligible to be the YES The new Nominated Person is require To be completed by the Nominated Person Provide your full last name and any given name(s).	criteria? Nominated Person. ed to complete Section 4.5 and sign the De	eclaration and (
Opes the new Nominated Person meet the above of NO The person is not eligible to be the YES The new Nominated Person is required to be completed by the Nominated Person	riteria? Nominated Person.	eclaration and (
Does the new Nominated Person meet the above of NO The person is not eligible to be the YES The new Nominated Person is require To be completed by the Nominated Person Provide your full last name and any given name(s).	criteria? Nominated Person. ed to complete Section 4.5 and sign the De	eclaration and (
Does the new Nominated Person meet the above of NO The person is not eligible to be the YES The new Nominated Person is require To be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME	criteria? Nominated Person. ed to complete Section 4.5 and sign the De	eclaration and (
Does the new Nominated Person meet the above of NO The person is not eligible to be the YES The new Nominated Person is require To be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME	criteria? Nominated Person. ed to complete Section 4.5 and sign the De	eclaration and (
Does the new Nominated Person meet the above of NO The person is not eligible to be the YES The new Nominated Person is require To be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME	criteria? Nominated Person. ed to complete Section 4.5 and sign the De	eclaration and (
Does the new Nominated Person meet the above of NO The person is not eligible to be the YES The new Nominated Person is require To be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME	riteria? Nominated Person. ed to complete Section 4.5 and sign the De GIVEN NAME(S	eclaration and (
Does the new Nominated Person meet the above of the Preson is not eligible to be the Preson is not eligible to be the Preson is required to be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME Provide your position in the agency POSITION IN THE AGENCY	riteria? Nominated Person. ed to complete Section 4.5 and sign the De GIVEN NAME(S	eclaration and (
The person is not eligible to be the YES The new Nominated Person is require To be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME Provide your position in the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the person p	riteria? Nominated Person. ed to complete Section 4.5 and sign the De GIVEN NAME(S	eclaration and (
The person is not eligible to be the YES The new Nominated Person is require To be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME Provide your position in the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the provide your position of the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the provide your position in the agency POSITION IN THE AGENCY	e.g. maiden name)?	eclaration and (Consent in Section 7.				
The person is not eligible to be the YES The new Nominated Person is required to be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME Provide your position in the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (agency of the provide your ever been known by any other name(s) (agency of the provide your ever been known by any other name(s) (agency of the provide your ever been known by any other name(s) (agency of the provide your ever been known by any other name(s) (agency of the provide your ever been known by any other name(s) (agency of the provide you ever been known by any other name(s) (agency of the provide yo	riteria? Nominated Person. ed to complete Section 4.5 and sign the De GIVEN NAME(S	eclaration and (
The person is not eligible to be the YES The new Nominated Person is required to be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME Provide your position in the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the provide your position in the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the provide your position in the agency POSITION IN THE AGENCY	e.g. maiden name)? GIVEN NAME(S) GIVEN NAME(S)	eclaration and (DATE CEASED				
The person is not eligible to be the YES The new Nominated Person is require To be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME Provide your position in the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the provide your position of the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the provide your position in the agency POSITION IN THE AGENCY	e.g. maiden name)?	eclaration and (Consent in Section 7.				
The person is not eligible to be the YES The new Nominated Person is required by the Nominated Person is required by the Nominated Person Provide your full last name and any given name(s). AST NAME Provide your position in the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the provide your position in the agency POSITION IN THE AGENCY Have You ever been known by any other name(s) (and the provide your position in the agency POSITION IN THE AGENCY Have You ever been known by any other name(s) (and the provide details below, including whether the provide your position in the agency POSITION IN THE AGENCY	e.g. maiden name)? GIVEN NAME(S) GIVEN NAME(S) GIVEN NAME(S)	eclaration and (DATE CEASED DATE CEASED				
The person is not eligible to be the Tes The new Nominated Person is required to be completed by the Nominated Person is required to be completed by the Nominated Person Provide your full last name and any given name(s). AST NAME Provide your position in the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the provide your position in the agency POSITION IN THE AGENCY Have you ever been known by any other name(s) (and the provide your position in the agency POSITION IN THE AGENCY	e.g. maiden name)? GIVEN NAME(S) GIVEN NAME(S) GIVEN NAME(S)	eclaration and (DATE CEASED DATE CEASED				

SUBURB/TOWN	STATE	POSTCODE
		CENDED
Provide your date of birth in the format dd/mm/yyyy. You must also provide your:		GENDER
Country of Birth Daytime telephone number and mobile number.	mber	MALE
• Gender • Email address (if applicable)		FEMALE
DATE OF BIRTH COUNTRY OF BIRTH		NON-BINARY
		DIFFERENT TERM
If you were born in Australia, provide the State/Territory and Suburb/Town.		PREFER NOT TO AN
STATE/TERRITORY SUBURB/TOWN		
TELEPHONE NO (BUSINESS HOURS) MOBILE OR OTHER	EMAIL ADDRESS	
Describe		
Provide your Driver Licence number and State/Territory of issue (if applicable). DRIVER LICENCE NUMBER STATE/TERRITORY OF ISSI	HE	
DRIVER LICENCE INDIVIDER STATE TERRITORY OF 1351	OUE .	
You must provide certified copies of two (2) documents from the following list, one of	f which must contain v	our photograph.
 Australian Passport clearly showing your name, date of birth, photograph, passport (may be expired within last 2 years) 	t number and expiry dat	e
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		
	umbar avnim data and	sountmy of issue
• Foreign Passport clearly showing your name, date of birth, photograph, passport nu	umber, expiry date and o	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		
If the name on any document is different to your current name, you must provide a cert	tified copy of acceptable	e documentary evidence of your
change of name.	,	,
If you are not a permanent Australian resident or citizen of Australia/New Zeala		
country you have lived in for 12 months or more over the previous 10 years since turnin		
necessary) and verified by the relevant country's embassy/consulate in Australia. Police (issued within the last 12 months.	Certificates submitted w	ith this application must have be
DOUGH WITHIN THE IGSUIZ INCHING.		
REPLACE LOST, STOLEN OR DAMAGED LICENCE		
Complete this section ONLY if the licence certificate has been lost, stolen, destro	wed defaced mutilat	ed or become illegible and ve
require a replacement with NO changes to the details that appear on the licence		ed of become megible and yo
NOTE: If the licence certificate has been lost or stolen, you must first report the		Assistance Line on 131 444 a
obtain an Event Reference Number.	and to the conte	
	ne illegible, you must	first report the incident to
If the licence certificate has been destroyed, defaced, mutilated or becon		
If the licence certificate has been destroyed, defaced, mutilated or becon SLED on 1300 362 001.		
	nas been:	
SLED on 1300 362 001.	nas been:	
SLED on 1300 362 001. I require a replacement licence certificate with NO changes because my licence h	nas been:	

6	APPLICATION FEE
6.1	Full payment MUST accompany this application. Applicable fees are shown in Section 2 of this application. Payment MUST be made by Credit Card. DO NOT SEND CASH.
	INSERT FEE PAYABLE \$
6.2	Provide your Credit Card details. ONLY MasterCard or Visa are acceptable. Credit Card payments are subject to a 0.44% merchant fee.
	MasterCard VISA VISA
	Credit Card number Expiry Date Amount \$
	Cardholder's Name (BLOCK LETTERS) Cardholder's Signature
7	DECLARATION AND CONSENT
7.1	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;
	• consent to and do request Australian police agencies to release, to the NSW Police Force, information held by them regarding any convictions, findings of guilt (either with or without conviction) and any matters still outstanding against me and any other matters deemed relevant that are
	recorded against me, whether in my current name or a previous name; • 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 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 posting it to Locked Bag 5099, Parramatta, NSW, 2124.
	SIGNATURE DATE (dd/mm/yyyy)

8 APPLICATION CHECKLIST

Plea	ase tick that you have:
	Completed all relevant sections;
	Provided, if applicable, acceptable evidence of the name change of the government agency;
	Provided, if applicable, certified copies of two (2) acceptable identification documents, one of which includes your photograph;
	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, identical names on all forms and documents of the Nominated Person;
	Provided, if applicable, certified 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 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 FEE PAYMENT.

NSWPF/2024/17682 P1123 Page 5 6/24