

Private Security Business Licence Application

Sole Trader and Partnership Application

Instruction Pages

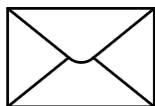
Please **remove** Instruction Pages before submitting your form.

How do I complete this form?

- Print out the form and write clearly in the boxes in capital letters using a blue or black pen.

How do I send this form?

- Do not send original identification documents with the form. If you need to send identification documents, send certified copies of the documents.
- Post the completed form and all attachments to:

**Postal Address:**

Licensing and Regulation Division,
GPO Box 2807,
Melbourne, VIC, 3001

If you have any queries about your application, visit our website at www.police.vic.gov.au or contact Licensing and Regulation Division.

Fingerprint Requirement

You must have your fingerprints taken for the purpose of obtaining a Private Security Licence. All Related People (including Nominated Officers and Close Associates) must also be fingerprinted as part of a Private Security Business Licence application.

Note: You do not need to have your fingerprints taken if you hold a current Private Security Licence or have previously had your fingerprints taken in relation to a current Private Security Business Licence for which your involvement remains.

Fingerprints can be taken at the Docklands location or at a number of regional fingerprinting locations throughout Victoria. Visit our website at police.vic.gov.au/fingerprinting to make an appointment. Your licence application will not be approved until you have had your fingerprints taken.

Which identification documents are acceptable?

If you do not currently hold a Victorian Firearm Licence, Victorian Security Licence or Registration, or a Victorian Chief Commissioner of Police Weapon Approval, you must provide proof of your identity.

To prove your identity, you are required to provide 100 points of identification (see list below). The documents must be clear, easy to read, of high quality and total at least 100 points, in the form of:

- One certified copy of a primary identification document, and
- At least one certified copy of secondary identification document(s).

List of Acceptable Identification Documents

| Primary Identification | Points |
|--|--------|
| Full birth certificate (or name change certificate if applicable) | 70 |
| Current passport | 70 |
| Passport which has not been cancelled and was current within the last 2 years | 70 |
| Australian citizenship certificate | 70 |
| Diplomatic documents and official documents issued to refugees | 70 |
| Secondary Identification | Points |
| Public service ID including photograph and/or signature | 40 |
| Any licence issued under Australian law including photograph and/or signature, e.g. driver licence | 40 |
| A Government issued ID showing entitlement to financial benefit including signature, e.g. Health Care Card issued by the Department of Health and Human Services | 40 |
| ID card issued by a tertiary education institution including photograph and/or signature | 40 |
| Records from an employer (within the past 2 years) showing current address, e.g. letter on company letterhead or a payment summary | 35 |
| Council rates notice showing current address | 35 |
| Mortgage documents showing current address | 35 |
| Land Titles Office record showing current address | 35 |
| Bank or credit card statement showing current address | 25 |
| Department of Veteran's Affairs Health Care Card | 25 |
| Medicare card | 25 |
| Telephone account | 25 |
| Credit card | 25 |
| Statement from a primary, secondary or tertiary education institution (attended within the last 10 years) showing date of birth | 25 |
| Membership records from a professional or trade association showing date of birth | 25 |
| Records of a Public Utility showing current address, e.g. gas, electricity or water bill | 25 |
| Confirmation of enrolment issued by the Australian Electoral Commission showing current address | 25 |
| Victorian Proof of Age card (KeyPass is not acceptable) | 25 |
| Rental agreement document confirming your tenancy of a property | 25 |
| Working with Children Check card | 25 |

How do I get my documents certified

- Documents must be certified by an Acceptable Identification Referee as a "true copy of the original".
- The Identification Referee certifying your documents must view the original document at the same time as the copy.
- The same Acceptable Identification Referee that certifies your identification documents must also complete the Identification Reference section of the form.
- You must also sign in the Identification Reference section in the presence of the Acceptable Identification Referee.

An example of how to certify an identification document is provided below:



I certify that the document presented for certification is a true copy of the original. This document was sighted by me on:

21/12/2021

Signature: *J Person*

Print Name: Jane A Person

Type of Referee: Accountant

Who can certify documentation?

- Documents must be certified by an Acceptable Identification Referee who has known you for at least 12 months.
- The same referee that certifies your identification documents must also complete the Identification Reference section of this application.

Important: the Acceptable Identification Referee is verifying your identification only and in no way substantiates your suitability or otherwise for a licence.

List of Acceptable Referees (Authority Types)

| | | |
|---|--|---|
| <p>A member of:</p> <ul style="list-style-type: none"> • the Chartered Accountants Australia and New Zealand, or • the Australian Society of Accountants, or • the Institute of Public Accountants | <p>A member of a municipal, city, town, district or shire council of a State or Territory.</p> | <p>An employee of a financial institution who is authorised by the financial institution to open accounts with the institution.</p> |
| <p>An agent of a financial institution who is authorised by the financial institution to open accounts with the institution.</p> | <p>A full-time employee of:</p> <ul style="list-style-type: none"> • a financial institution; or • a corporation that is a registered corporation within the meaning of the <i>Financial Sector (Collection of Data) Act 2001</i>; who has been employed continuously for at least 5 years by one or more financial bodies. | <p>An employee of a bank carrying on a business outside Australia:</p> <ul style="list-style-type: none"> • that does not have an authority under section 9 of the <i>Banking Act 1959</i>; and • that is engaged in a transaction with a cash dealer; <p>who is authorised by the bank to open accounts with the bank.</p> |
| <p>A full-time employee of a company carrying on insurance business who has been employed continuously for at least 5 years by one or more companies of that type.</p> | <p>A legal practitioner of a Federal, State or Territory Court.</p> | <p>A registrar, clerk, sheriff or bailiff of a Federal, State or Territory Court.</p> |
| <p>An individual who is an agent of a totalisator agency board if:</p> <ul style="list-style-type: none"> • the individual conducts an agency of the totalisator agency board at a particular premises; and <p>the agency is not ancillary to any other business conducted at those premises.</p> | <p>An individual registered or licensed as</p> <ul style="list-style-type: none"> • a dentist, • a medical practitioner, • a pharmacist, or • a veterinary surgeon, <p>under a law of a State or Territory providing for that registration or licensing.</p> | <p>An individual who is an agent of a totalisator agency board if:</p> <ul style="list-style-type: none"> • the individual conducts an agency of the totalisator agency board at a particular premises; and • the agency is not ancillary to any other business conducted at those premises. |
| <p>A diplomatic or consular officer of an Australian Embassy, High Commission or Consulate, in Australia or overseas.</p> | <p>A holder of an office established by a law of the Commonwealth, a State or Territory in respect of which annual salary is payable.</p> | <p>A judge or master of a Federal, State or Territory Court.</p> |
| <p>A stipendiary magistrate of the Commonwealth or of a State or Territory.</p> | <p>A justice of the peace of a State or Territory.</p> | <p>A member of the Federal Parliament or a State Parliament.</p> |
| <p>A member of the Legislative Assembly of the Australian Capital Territory, the Northern Territory or Norfolk Island.</p> | <p>A minister of religion who is registered as a marriage celebrant.</p> | <p>A notary public.</p> |
| <p>A member of the Australian Federal Police, or of the police force of a State or Territory, who in the normal course of their duties, oversees a police station.</p> | <p>A member of the Australian Federal Police, or of the police of a State or Territory, of or above the rank of sergeant.</p> | <p>A manager of a post office.</p> |
| <p>An individual employed as an officer or employee by one or more of the following:</p> <ul style="list-style-type: none"> • the Commonwealth, a State or Territory; • an authority of the Commonwealth, a State or Territory; or • a local government body of a State or Territory; <p>who has been so employed continuously for a period of at least 5 years, whether or not the individual was employed for part of that period as an officer and for part as an employee.</p> | <p>An individual employed as a full-time teacher or as a principal at one or more of the following educational institutions:</p> <ul style="list-style-type: none"> • a primary or secondary school forming part of the education system in a State or Territory; or • an institution listed in section 4 or paragraphs 34(4)(b)-(i) (inclusive) of the <i>Higher Education Funding Act 1988</i>; <p>who has been so employed continuously for a period of at least 5 years.</p> | <p>An individual who, in relation to an Aboriginal community</p> <ul style="list-style-type: none"> • is recognised by the members of the community to be a community elder; or • if there is an elected Aboriginal council that represents the community – is an elected member of the council. |
| <p>An officer within the meaning of the <i>Defence Act 1903</i>.</p> | <p>An individual who is employed and registered as a nurse under the law of a State or Territory providing for that registration.</p> | <p>An individual who is registered as a tax agent under part VIIA of the <i>Income Tax Assessment Act 1936</i>.</p> |
| <p>A member of the Chartered Institute of Company Secretaries in Australia Limited.</p> | <p>A member or fellow of the Association of Taxation and Management Accountants.</p> | <p>A member of the Institution of Engineers Australia, other than a member with the grade of student.</p> |
| <p>A fellow member of the National Tax and Accountants' Association Limited.</p> | <p>A Commissioner for oaths of a State or Territory.</p> | |

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| Section 5 - Business Contact Details You are required to provide the Contact Details of the Registered Business. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Contact Number: | | | | | | | | | | | | | | Mobile Contact Number: | | | | | | | | | | | | | |
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| One Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Section 6 - Business Address You are required to provide your Business Address Information. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Name: (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Street Number: | | | | | | | | | | | | | | Flat / Unit Number: | | | | | | | Lot Number: | | | | | | |
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| Street Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Street Type: | | | | | | | | | | | | | | Town / Suburb: | | | | | | | | | | | | | |
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| State: | | | | | | Postcode: | | | | | | | | | | | | | | | | | | | | | |
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| Is your Postal Address the same as your Business Address? <div style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> Go to Section 8 - Sole Trader or Nominated Partner No <input type="checkbox"/> Go to Section 7 - Business Postal Address </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 7 - Business Postal Address You are required to provide your Business Postal Address Information. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GPO Box <input type="checkbox"/> PO Box <input type="checkbox"/> Locked Bag <input type="checkbox"/> Private Bag <input type="checkbox"/> RSD <input type="checkbox"/> RMB | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Number: | | | | | | | | | | | | | | Flat / Unit / Lot Number: | | | | | | | Box / Bag / Number: | | | | | | |
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| Street Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Street Type: | | | | | | | | | | | | | | Town / Suburb: | | | | | | | | | | | | | |
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| State: | | | | | | Postcode: | | | | | | | | | | | | | | | | | | | | | |
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Part 2 - Business Information (Continued)

Section 8 - Sole Trader or Nominated Partner

You are required to provide the following details as the Sole Trader or Nominated Partner of the business.

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| Family Name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Given Name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Second Given Name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Third Given Name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth: | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Sex: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other | | | | | |

Section 9 - Previous Name

You are required to provide your Previous Name(s).

| | | | | | | | | | | | | | | | | | | | |
|--|------------------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Have you ever changed your name in an official capacity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| If you have answered Yes , you are required to list your previous name in the below field(s): | | | | | | | | | | | | | | | | | | | |
| Previous Family Name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Previous Given Name: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Important

- If you have answered **"Yes"** you are required to provide a copy of your Official **"Change of Name Certificate"** within your submission.
- If you have had more than **One Name Change**, you will be required to provide all name changes in a separate document included in your submission.

Section 10 - Town/Country of Birth

You are required to provide your Town and Country of Birth.

| | | | | | | | | | | | | | | | | | | | |
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| Town of Birth: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country of Birth: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section 11 - Identification Information

Please provide the details from your Identification Documentation.

| | | | | | | | | | | | | | | | | | | | |
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| Medicare Card: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Drivers Licence: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Passport Number: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Passport Nationality: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Important

If you do not have the following Identification Details, you are required to provide other Identification Documents.

Please refer to the **Instruction Pages** for a full list of acceptable Identification Documentation.

Part 2 - Business Information (Continued)

Section 12 - Fingerprints

Please provide your Fingerprint Booking Details.

Booking Reference Number:

| | | | | | | | | | | | | | | | | | |
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Fingerprint Appointment Date:

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Section 13 - Other Licence Details

You are required to confirm if you have previously held any other Licence.

Do you hold a Victorian Firearm Licence, Security Licence or Chief Commissioner of Police Weapon Approval that is current or has expired in the last 6 months?

Yes ☐

No ☐

If you have answered 'Yes', please provide your Licence Details below:

Licence Type:

☐

Firearms Licence

☐

Private Security Licence

☐

CCP Weapons Approval

Licence Number:

| | | | | | | | | | | | |
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Expiry Date:

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Identification Documentation

If you have answered 'No', you must provide 100 points of Identification Documentation and have copies certified by an Acceptable Referee.

You and your Acceptable Referee will be required to complete 'Part 4 - Identification Reference' in this application.

Copy of your Plastic Licence

If you have answer 'Yes', you are required to provide your licence details in this application and provide a scanned copy of your Plastic Licence.

You will not be required to complete 'Part 4 - Identification Reference' in this application.

Part 3 - Statement of Related People

Section 14 - Associated Partners

To be completed if you have selected "Partnership", please add details for all other Partners.

Partner 1

Family Name:

| | | | | | | | | | | | | | | | | | |
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First Given Name:

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Second Given Name:

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Third Given Name:

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Date of Birth:

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Sex: ☐ Male ☐ Female ☐ Other

Part 3 - Statement of Related People (Continued)

Section 14 - Associated Partners

To be completed if you have selected "**Partnership**", please add details for all other Partners.

Partner 2

Family Name:

| | | | | | | | | | | | | | | | | | | | |
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First Given Name:

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Second Given Name:

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Third Given Name:

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Sex: ☐ Male ☐ Female ☐ Other

Partner 3

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Sex: ☐ Male ☐ Female ☐ Other

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Sex: ☐ Male ☐ Female ☐ Other

Important

- A **Personal Information Form** must be completed by each Partner and their Personal Details be included in your submission.

Part 3 - Statement of Related People (Continued)

Section 15 - Close Associates

You must supply the details of any close associates of the business.

Do you have any Close Associates to nominate in this application?

Yes ☐

No ☐

Who is a Close Associate?

Section 3 of the *Private Security Act 2004* provides a definition of a close associate in relation to a private security business licence.

A close associate is a person who is able to exercise a significant influence over the running of the business because they;

- Hold an interest in the capital or assets of that business; or
- Are entitled (by law, equity or otherwise) to receive any income derived from that business; or
- Hold any power, either alone or in association with others, (by voting or otherwise) to participate in any managerial or executive decision of that business; or
- Hold any power, either alone or in association with others, to appoint any person to a position of management (ie Director, manager, secretary or any other capacity) in the business.
- A person who participates in the management of the business is also classified as a close associate.
- The definition of a close associate does not extend to a shareholder of a public company or to an officer of the body corporate (if the holder of the licence is a body corporate).
- One example of a close associate to a business licence would be a person who has provided finances to start up a company but is not a director or officer of the company.
- It is a requirement of the *Private Security Act 2004* that all close associates to the business be declared.
- All close associates must meet the probity requirements outlined in the *Private Security Act 2004*.

A Personal Information Form **must** be completed by every Close Associate.

Close Associate 1

Family Name:

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Sex: ☐ Male ☐ Female ☐ Other

Close Associate 2

Family Name:

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Sex: ☐ Male ☐ Female ☐ Other

Part 3 - Statement of Related People (Continued)

Section 15 - Close Associates

You must supply the details of their close associates.

Close Associate 3

Family Name:

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 Sex: ☐ Male ☐ Female ☐ Other

Close Associate 4

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 Sex: ☐ Male ☐ Female ☐ Other

Close Associate 5

Family Name:

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 Sex: ☐ Male ☐ Female ☐ Other

If you have more than 5 Close Associates, please duplicate this page and provide in your submission.

Part 4 - Medical History of the Nominated Person

Section 16 - Medical Suitability

You are required to complete every question in this section.

Question 1

Do you currently have any medical, psychiatric or health conditions or impairments that may directly impact your ability to hold a Private Security Licence for the activities being applied for?

Yes ☐

No ☐

Question 2

In the past 5 years have you been treated for a physical disability or any other medical condition (e.g. neurological stroke or brain injury) which could impact your ability to hold a licence?

Yes ☐

No ☐

Question 3

In the past 5 years have you been treated for mental health conditions including depression, stress or emotional problems?

Yes ☐

No ☐

Question 4

In the past 5 years have you been treated for alcohol or drug related problems?

Yes ☐

No ☐

If you have answered **Yes** to one or more questions,
you must supply a **Medical Report** regarding your suitability to hold a Private Security Licence.

Medical Report Requirements

- Be legible and written on the letterhead of the relevant registered medical practitioner who is or has been treating you or is familiar with your conditions.
- Outline the medical conditions for which you are being, or have been, treated.
- State whether your current or past medical conditions may prevent you from being a fit and proper person to hold a Private Security Licence for the reasons or activities being applied for.
- Be signed and dated by the relevant registered medical practitioner.

Part 5 - Previous History of the Nominated Person

Section 17 - Overseas Resident

You are required to confirm if you previously resided in another country.

Question 1

Since the age of 16 years, have you resided in another country or countries for a period exceeding 12 months?

Yes ☐

No ☐

If you have answered **No**, go to **Question 3**

Question 2

Did this foreign residency occur in the last 10 years?

Yes ☐

No ☐

If you have answered **Yes** to **Question 1** and **Question 2**, you must supply a certified copy of a Police Clearance Certificate from each country you have resided in (other than Australia) for 12 months or longer since turning 16 during the last 10 years.

Question 3

In the past 10 years, have you served as a sworn member of Victoria Police?

Yes ☐

No ☐

If you have answered **Yes** to **Question 3**, you are required to provide a **Certificate of Service** document with your application.

Part 5 - Previous History of the Nominated Person (Continued)

Section 18 - Bankruptcy

You are required to complete every question in this section.

Question 1

Are you currently, or have you been insolvent or under administration (in relation to a business)?

Yes ☐ No ☐

Question 2

Have you ever been declared bankrupt?

Yes ☐ No ☐

If you have answered **Yes** to **Question 1 & 2**, you are required to provide a document with your application, that details the instance that you were declared bankrupt.

Section 19 - Criminal History

You are required to complete every question in this section.

Question 1

Have you ever been found guilty of, been convicted of, or have charges pending for any offence in Australia or Overseas? (not traffic charges)

Yes ☐ No ☐

Question 2

Have you ever been found guilty of any offence without a conviction being recorded? (not traffic charges)

Yes ☐ No ☐

Question 3 (Guard with Dog applicants only)

Have you had any personal offence history or charges (including pending charges) relating to the mistreatment of animals?

Yes ☐ No ☐

If you have answered **Yes** you are required to provide information of the offence(s)
(If you have more than the sections provided below, please duplicate a copy of this page and provide in your submission)

Offence 1

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Court: (if applicable)

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Part 5 - Previous History of the Nominated Person (Continued)

Section 20 - Offence History

You are required to complete every question in this section.

Offence 3

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Question 4

Is there any other relevant information that you believe should be considered by the Licensing and Regulation Division when assessing your application?

Yes ☐

No ☐

If you have answered **Yes**, please provide a brief summary with your application, detailing the other relevant information required.

Part 6 - Identification Reference

Section 21 - Declaration of the Referee

An Acceptable Identification Referee and you must complete this section.

This declaration must be made by an **"Acceptable Identification Referee"** as listed in the Instruction Pages.

- The Acceptable Identification Referee must have known the applicant for at least **12 months**.
- The Acceptable Identification Referee must provide all Person Details in the required fields.
- The applicant must sign this declaration in the presence of the Identification Referee.
- The same referee must also certify the copies of your identification documents that you have nominated in your application.

Referee's Person Details

Family Name:

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First Given Name:

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Type of Authority:

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Referee's Contact Details

Work Contact Number:

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Mobile Contact Number:

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Referee's Declaration

Declare that I have known
(Print Applicants Name)

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I, the Referee, also certify that the above details are true and correct, the applicant's signature was completed in my presence, and the identification documents I have signed are a true copy of the original.

Referee's Signature:

| |
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Date of Signature:

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Applicant to sign and date in the presence of Referee:

Applicant's Signature:

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Date of Signature:

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Part 7 - Acknowledgement

Section 22 - Acknowledgement by the Applicant

You must sign and date again to confirm that all the information you have supplied is true and correct.

☐

I acknowledge that the particulars in this application and any attachments are true and correct, and I make this acknowledgement knowing that it is an offence against Section 135 of the *Private Security Act 2004* to willfully supply details which are incorrect or omit to furnish particulars.

Applicants Signature:

Date of Signature:

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Privacy Statement: The personal and health information requested is being collected and used by Victoria Police for the purposes of assessment of an application for a licence, permit or approval. It will be used in accordance with relevant legislation, including the *Firearms Act 1996*, *Private Security Act 2004*, *Control of Weapons Act 1990*, *Health Records Act 2001* and the *Privacy and Data Protection Act 2014*. The information may be disclosed to employers, approved bodies and other statutory authorities for the purposes of law enforcement and the administration of justice. To gain access to personal and health information held by Victoria Police, you must apply in writing to the Freedom of Information Division of Victoria Police, at www.police.vic.gov.au.

Part 8 - Application Checklist

Application Summary

How do I complete my application?

- Please refer to the Instruction Pages for more information on how to finalise and submit your application.
- Prepare all supporting documents listed in the below Application Checklist.
- If required, you must complete the Declaration by Referee. This section must be signed by an Acceptable Referee and yourself.
- You must sign and date the Acknowledgement Section.

☐

Business Requirements

You must provide evidence that you meet the competency requirements as specified in section 26(3) of the *Private Security Act 2004*.

You must provide at least **one** of the following:

☐

A detailed resume outlining your experience in the private security industry, particularly in relation to the security activity (or activities) being applied for, and copies of any relevant qualifications and/or documentation; or

☐

A certified copy of an approved Training Course completion certificate which is relevant to the security activity (or activities) being applied for; or

☐

A certified copy of your membership to an approved Security Industry Organisation relevant to the security activity (or activities) being applied for.

☐

Standard Operating Procedures

You must provide copies of the standard operating procedures and protocols that employees will be required to follow. Standard operating procedures should cover all the responsibilities employees will be required to follow as a part of their employment. Standard operating procedures should reflect the employer responsibilities and legislative requirements.

☐

Business Plan

You must provide a business plan of the precise details of your business and the nature of work you intend to do. The business plan provided must include the following information:

- Details of the precise nature of the work that will be undertaken by the business.
- Details of the suitability of existing or intended business premises. Consideration needs to be given to the security of the information held on the premises, particularly if the premises are a private residence. Details of the number of employees that you intend to employ.
- Details of the procedure that will be used to check the expiry dates of the licences of the employees and the business licence.
- Details of training and supervision standards that will be set in place for employees.
- If applicable, a description of the uniforms, a sample of the shoulder badge design and details of any vehicle decals.

☐

Evidence of Public Liability Insurance

You must provide a certificate of currency of public liability insurance coverage.

☐

Evidence of Financial Viability

Under section 26(1)(f) of the *Private Security Act 2004*, the Chief Commissioner must be satisfied that you have or will be able to obtain adequate financial resources to ensure the financial viability of your business, a qualified accountant must complete the Assets/Liabilities/Evidence of Financial Viability form and confirm by completing the Declaration by Accountant section.

☐

Employer Responsibilities

You must provide written undertaking (signed and dated) by the Nominated Partner or Sole Trader stating that you are aware of your obligations as an employer in the areas of award wages, superannuation, taxation and occupational health and safety.

☐

Official Documentation

You must provide certified copies of a current Certificate of Registration of a Business Name from Consumer Affairs Victoria for any trading names that the business will operate under.

☐

Private Security Trainer (If you have selected this in your application)

If you have applied for the activity of Private Security Trainer, you must supply a USB stick that contains all the training and assessment resources that you will use including, but not limited to your:

- Private Security Trainer
- Delivery plans or timetables (including times)
- Language, Literacy and Numeracy Test Paper
- Trainer and student manuals

☐

Guard with a Dog (If you have selected this in your application)

Any security business seeking to provide dog handler services should provide the following information to enable the Licensing & Regulation Division to make a determination whether the business is fit and proper and it is in the public interest to issue a licence:

- Details of the person within the business responsible for direct management of this activity (including full name, date of birth and address information).
- Deployment or reasons for provision of dog handlers (to ensure only a guarding/protection role and not crowd control).
- Standard Operating Procedures and/or detailed information covering the following: type & number of dogs, selection, training, kennelling, registration, veterinary care, transportation and record keeping of dogs, staff training, use of force policies, procedures and record keeping of a security staff, on-going testing of the handler and their dog to ensure public safety.
- Insurance policy indicating use of dogs.
- Declaration by applicants relevant to prosecution under Cruelty to Animals or Domestic Animals legislation.

☐

Fingerprint Requirements

You must supply the Booking Reference Number and date that your fingerprints were taken in your application.

☐

Personal Information Form(s)

Any Partners or Close Associates to the business **must** complete a separate form known as a Personal Information Form.

☐

Acknowledgement

You must sign and date the Acknowledgement Section.

End of Application

How do I make payment?

- **Do not send any payment with your application.**
- A Payment Notice will be sent with a total fee that includes a non-refundable administration fee.
- If your application is abandoned, withdrawn or refused, you will receive a refund for the licence fee, but not for the administration fee. All application fees are GST exempt.
- For a schedule of fees, contact Licensing & Regulation Division or visit our website.

How do I track the progress of my application after submission?

To track the progress of your application, please refer to the Victoria Police - Private Security Page for our current processing timeframes.

The following factors can increase the time it takes to process an application:

- A person has adverse history;
- An application is incomplete;
- Complexity of the application.

Licensing & Regulation Division is unable to respond to enquiries relating to the processing status of applications within the last 28 days.

If 28 calendar days have elapsed and you require an update on the status of your application, please contact us via email with your full name, date of birth, type of application, date sent and licence number (if available).

Part 1 - Assets

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| Company/Business Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Asset 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asset Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Current Value: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Asset 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asset Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Asset 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asset Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Current Value: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Asset 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asset Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 30px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Current Value: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Part 2 - Liabilities and Debts

Company/Business Mortgage

Monthly Repayment:

[illegible]

Amount Borrowed:

[illegible]

Balance Now Owed:

[illegible]**Company/Business Rent**

Monthly Repayment:

[illegible]

Term of Lease: (Years)

[illegible]

Years remaining on Lease:

[illegible]

Company/Business Loan 1

Monthly Repayment:

[illegible]

Amount Borrowed:

[illegible]

Balance Now Owed:

[illegible]

Company/Business Loan 2

Monthly Repayment:

[illegible]

Amount Borrowed:

[illegible]

Balance Now Owed:

[illegible]**Company/Business Loan 3**

Monthly Repayment:

[illegible]

Amount Borrowed:

[illegible]

Balance Now Owed:

[illegible]

Part 2 - Liabilities and Debts (Continued)

Company/Business Credit Cards 1

Name of Bank / Credit Union:

Monthly Repayment:

Amount Borrowed:

Balance Now Owed:

Company/Business Credit Cards 2

Name of Bank / Credit Union:

Monthly Repayment:

Amount Borrowed:

Balance Now Owed:

Company/Business Credit Cards 3

Name of Bank / Credit Union:

Monthly Repayment

Amount Borrowed

Balance Now Owed

Company/Business Credit Cards 4

Name of Bank / Credit Union:

Monthly Repayment

Amount Borrowed

Balance Now Owed

Part 3 - Liabilities and Debts (Continued)

Other Liability 1

Type of Debt / Liability: (e.g. Superannuation)

[illegible]

Monthly Repayment

[illegible]

Other Liability 2

Type of Debt / Liability: (e.g. Superannuation)

[illegible]

Monthly Repayment

[illegible]

Other Liability 3

Type of Debt / Liability: (e.g. Superannuation)

[illegible]

Monthly Repayment

[illegible]

Other Liability 4

Type of Debt / Liability: (e.g. Superannuation)

[illegible]

Monthly Repayment

[illegible]

Other Liability 5

Type of Debt / Liability: (e.g. Superannuation)

[illegible]

Monthly Repayment

[illegible]

Other Liability 6

Type of Debt / Liability: (e.g. Superannuation)

[illegible]

Monthly Repayment

[illegible]

| Accountant Information and Declaration You must provide your Personal Information and declare the information you have supplied is true and correct. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------------|--|--|--|-------------|--|--|--|--|-------------|------------------------|--|--|-------------|--|--|--|-------------|--|--|--|--|--|--|
| Family Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Given Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Professional Association Member Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Association Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Contact Number: | | | | | | | | | | | | | | Mobile Contact Number: | | | | | | | | | | | | | |
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| <div style="margin-bottom: 10px;"><input type="checkbox"/> I confirm that I have reviewed, verified and included all financial information relevant to this Private Security Company/Business in Assets/Liabilities/Evidence of Financial Viability of this application;</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I confirm that in reviewing the above financial information and business plan associated with this application, I can confirm that the business model is sound and, in my opinion, will be able to function as an ongoing and viable Private Security Company/Business;</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I confirm to the best of my knowledge, neither the applicant nor any other close associate of this Private Security Company/Business have ever been associated with a Private Security Company/Business which is now bankrupt and/or deregistered;</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I confirm that I am a full member of either the Chartered Accountants Australia and New Zealand; or, the Australian Society of Accountants; or, the Institute of Public Accountants in Australia and have provided either my membership number or professional association stamp below.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> I confirm that to the best of my knowledge, all sources of funding for this Private Security Company/Business have been identified and declared;</div> <p>Note: If you are unable to confirm any of the above, you must provide more details. If the provided pages are not enough, additional information can be provided to LRD directly.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accountants Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Signature | | | | | | | | | | | | | | <div></div> | | | | | | | | | | | | | |
| Privacy Statement: The personal and health information requested is being collected and used by Victoria Police for the purposes of assessment of an application for a licence, permit or approval. It will be used in accordance with relevant legislation, including the <i>Firearms Act 1996</i> , <i>Private Security Act 2004</i> , <i>Control of Weapons Act 1990</i> , <i>Health Records Act 2001</i> and the <i>Privacy and Data Protection Act 2014</i> . The information may be disclosed to employers, approved bodies and other statutory authorities for the purposes of law enforcement and the administration of justice. To gain access to personal and health information held by Victoria Police, you must apply in writing to the Freedom of Information Division of Victoria Police, at www.police.vic.gov.au . | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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