

Private Security Individual Operator Licence

Transition Licence Application

Instruction Pages

Please **review** the Instruction Pages before submitting your form.

How do I complete this form?

- You must complete this form in an Adobe Acrobat Browser or download and complete the form in the Adobe Acrobat Application.
- Fill out the form on your phone/tablet/computer by typing in the text fields, completing required tick boxes and applying an electronic signature.

How do I send this form?

- Email your form and all attachments to:



Email Address: LRD-PrivateSecurity-MGR@police.vic.gov.au
Subject Line: Private Security Individual Registration Transition

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.

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

Important: 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.



VICTORIA POLICE

(Office use only)
Licence Number Issued:

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Private Security Individual Operator Licence Transition Licence Application

Part 1 - Type of Application

Section 1 - Registration Number

Please provide your Private Security Individual Registration Number in the field below.

Registration Number:

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Expiry Date:

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Section 2 - Security Activities

Please select the Activities you are transitioning onto your new licence.

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Security Equipment Installer

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Security Advisor

Part 2 - Fingerprints

Section 3 - Fingerprints

Please provide your Fingerprint Booking Details for the purpose of obtaining a Private Security Licence.

Booking Reference Number:

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Fingerprint Appointment Date:

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Fingerprint Requirements

Refer to the Instruction Pages included in this application, pertaining to Fingerprint Requirements.

Part 3 - Personal Information

Section 4 - Person Information

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

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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Section 5 - Residential Address You are required to provide your Residential Address Information.																											
Property Name: (if applicable) <div></div>																											
Flat / Unit Number: <div></div>								Street Number: <div></div>								Lot Number: <div></div>											
Street Name: <div></div>																											
Street Type: <div></div>								Town / Suburb: <div></div>																			
State: <div></div>				Postcode: <div></div>																							
Is your Postal Address the same as your Residential Address? <div>Yes</div> Go to Section 7 - Contact Information <div>No</div> Go to Section 6 - Postal Address																											
Section 6 - Postal Address You are required to provide your Postal Address Information.																											
<div><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</div>																											
Box / Bag / Number: <div></div>																											
Flat / Unit / Lot Number: <div></div>								Street Number: <div></div>																			
Street Name: <div></div>																											
Street Type: <div></div>								Town / Suburb: <div></div>																			
State: <div></div>				Postcode: <div></div>																							
Section 7 - Contact Information You are required to provide your Contact Information.																											
<div><div>Mobile Contact Number: <div></div></div><div>Work Contact Number: <div></div></div><div>Home Contact Number: <div></div></div><div>One Email Address: <div></div></div></div> <div><div>All applicants must provide the following:<ul style="list-style-type: none">One Contact NumberOne Email Address</div><div>Failure to provide your contact information may result in your application not being considered.</div></div>																											

Part 3 - Personal Information (Continued)

Section 8 - Identification Information

Please provide the details from your Identification Documentation.

Medicare Card:

Drivers Licence:

Passport Number:

Passport Nationality:

Identification Information

If there are any updates to your identification information, please provide these updates in the fields provided.

Part 4 - Employment Information

Section 9 - Employment Status

Confirm if you already have employment arranged in the security industry.

Has your employment changed in the security industry?

Yes

No

If you have answered 'Yes'
Please confirm your employer's information below.

If you have answered 'No'
Please proceed to **Part 5 - Medical History**.

Employer 1

Company Name:

Full Name of Contact Person:

Position Description:

Work Contact Number

Mobile Contact Number:

Employer 2

Company Name:

Full Name of Contact Person:

Position Description:

Work Contact Number:

Mobile Contact Number:

(If you have more employers than the sections provided, please provide a separate document listing your employers)

Part 5 - Medical History

Section 10 - Medical Suitability

You are required to complete every question in this section.

Question 1

In the past 5 years, have you been treated for any psychiatric or psychological conditions?

Yes ☐

No ☐

Question 2

In the past 5 years, have you been treated for any alcohol or drug dependence problems?

Yes ☐

No ☐

Question 3

In the past 5 years, have you been treated for any serious impairment of eyesight?

Yes ☐

No ☐

Question 4

In the past 5 years, have you been treated for any fits, dizziness or blackouts?

Yes ☐

No ☐

Question 5

In the past 5 years, have you been treated for any head injuries?

Yes ☐

No ☐

If you have answered '**Yes**' to one or more of the above questions, you **must** obtain a medical report.

The medical report must include:

- Be legible and written on a registered medical doctor's letterhead by a medical doctor who has treated you for the relevant condition(s);
- Outline the medical condition(s) for which you are being, or have been, treated;
- State whether, in his/her professional opinion, your medical condition(s) do or do not prevent you from being a fit and proper person to hold a private security licence for the security activities being renewed; and
- Be signed and dated by the relevant registered medical practitioner.

Part 6 - Previous History

Section 11 - Criminal History

You are required to complete every question in this section.

Question 1

Have you ever been convicted of any offence in Australia or overseas (not including traffic charges)?

Yes ☐

No ☐

Question 2

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

Yes ☐

No ☐

Question 3

Do you have any charges pending against you (not including traffic charges)?

Yes ☐

No ☐

If you have answered **Yes** to any of the above questions, you are required to provide information of the offence(s) on the next page.

Part 6 - Previous History (Continued)

Section 11 - Criminal History

You are required to complete this section if you have answered any question with Yes.

Offence 1

Date:

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Court: (if applicable)

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Offence:

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Result:

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Offence 2

Date:

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Court: (if applicable)

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Offence:

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Result:

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Offence 3

Date:

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Court: (if applicable)

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Offence:

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Result:

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Note: If you have more than three offences provided above, please provide a document summary detailing the information required.

Part 7 - Acknowledgement

Section 12 - Acknowledgement by the Applicant

You must sign and date 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 make a statement or supply details that are false or misleading or omit to furnish any required particulars (maximum penalty of 60 penalty units).

Applicants Name:

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Date:

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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.

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 [Service fees and penalties](#).