



NSW Police Force

Security Master Licence **CLOSE ASSOCIATE NOMINATION FORM** under the *Security Industry Act 1997*

P644

OFFICE USE ONLY												
Application No:	-											
Receipt No:	-											
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A brief definition of the meaning of "Close Associate" under the *Security Industry Act 1997* is located in Section 5 of this nomination form.

A separate nomination form must be completed by each and every Close Associate and submitted with the Master licence application.

ALL documentation submitted with this nomination form that contains your name **MUST** show your name written and spelt in exactly the same way (unless you provide acceptable evidence of a change of name).

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

1 MASTER LICENCE DETAILS

1.1 Provide the Master Licence Number, Identity Number and Expiry Date.

MASTER LICENCE NUMBER

IDENTITY NUMBER (IF KNOWN)

EXPIRY DATE (IF KNOWN)

1.2 Provide the name of the Master licence holder.

Master Licence holder

LAST NAME (IF INDIVIDUAL)

GIVEN NAME(S)

CORPORATION NAME (IF CORPORATION)

2 CLOSE ASSOCIATE DETAILS

2.1 Provide your full last name and any given name(s).

LAST NAME

GIVEN NAME(S)

2.2 Have you ever been known by any other name(s) (eg: maiden name)?

NO

YES

(Provide details below, including when you stopped using the name)

LAST NAME

GIVEN NAME(S)

DATE CEASED

LAST NAME

GIVEN NAME(S)

DATE CEASED

2.3 Provide your current residential address (**NOT a PO Box**) and your postal address (if different from your residential address).

RESIDENTIAL ADDRESS

SUBURB/TOWN

STATE

POSTCODE

POSTAL ADDRESS

(IF SAME AS RESIDENTIAL ADDRESS WRITE 'AS ABOVE')

SUBURB/TOWN

STATE

POSTCODE

2.4 Provide your date of birth in the format dd/mm/yyyy. You must also provide your:

Country of birth Telephone number during business hours & mobile number
Gender (M = Male; F = Female) Email address (if applicable)

DATE OF BIRTH COUNTRY OF BIRTH GENDER (M or F)
/ /

If you were born in Australia, provide the State/Territory and Suburb/Town.

STATE/TERRITORY SUBURB/TOWN

TELEPHONE NO (BUSINESS HOURS) MOBILE OR OTHER EMAIL ADDRESS (IF APPLICABLE)

2.5 Provide your Driver Licence number and State/Territory of issue (if applicable).

DRIVER LICENCE NUMBER STATE/TERRITORY OF ISSUE

2.6 Provide your position in the business/corporation (eg: Director, Secretary, Manager)

POSITION IN THE BUSINESS/CORPORATION

3 CLOSE ASSOCIATE PERSONAL HISTORY

3.1 You must answer ALL questions in this section. Penalties apply for omissions, false or misleading information. If you have more than one matter to declare for any question, attach a separate sheet showing details.

Have you ever had an application for a security licence refused or had a security licence suspended, cancelled or revoked in New South Wales or elsewhere?

NO
 YES (Provide details below)

TYPE OF LICENCE WHERE WHEN

REASON FOR REFUSAL/SUSPENSION/CANCELLATION/REVOCAION

If you appealed against the decision, provide details below.

DATE COURT APPEAL OUTCOME
/ /

3.2 Within the last 10 years, have you been to court in New South Wales or elsewhere and been convicted of an offence?

NO
 YES (Provide details below)

OFFENCE PENALTY COURT DATE OF CONVICTION
 / /

3.3 Within the last five years, in New South Wales or elsewhere, have you been found guilty of an offence (other than a minor traffic offence) where the court has decided to record no conviction (eg: s10)?

NO
 YES (Provide details below)

OFFENCE COURT DATE
 / /

3.4 Have you received an infringement or penalty notice issued under the Security Industry Act 1997?

NO
 YES (Provide details below)

OFFENCE PENALTY DATE OF OFFENCE
 / /

3.5 Within the last three years, have you been declared bankrupt or applied to take the benefit of any law for the relief of bankrupt or insolvent debtors?

NO

YES (Provide details below)

Three empty text input boxes for providing details.

3.6 Within the last three years, have you been concerned in the management of a corporation that was the subject of a winding up order or had an administrator appointed?

NO

YES (Provide details below)

Three empty text input boxes for providing details.

You must state if you have ever been a Police Officer and include the jurisdiction. Former INTERSTATE and OVERSEAS Police Officers MUST provide a statement of satisfactory service and honourable discharge from the relevant Police authority.

3.7 Are you now or have you previously been a Police Officer?

NO

YES (Provide details below)

DATE FROM

□□/□□/□□□□

DATE TO

□□/□□/□□□□

JURISDICTION

□□□□□□□□

Police Registered Number

□□□□□□□□

4 DECLARATION AND CONSENT

4.1 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;
• consent to and do request Australian police agencies to release, to the NSW Police Force, information held by any of 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; and
• have attached all documents where requested by this application.

I acknowledge and agree:

- (a) that NSW Police Force relies on other State and Commonwealth jurisdictions (Other Agencies) to provide information to it (Other Agency Information);
(b) to release the NSW Police Force from any liability arising from any errors or omissions contained in that Other Agency Information; and
(c) to release and indemnify those Other Agencies from any actions and demands that I may have available against them arising out of the release by them to NSW Police Force of Other Agency Information.

The above acknowledgment does not alter any rights I may have under legislation.

SIGNATURE

Empty text box for signature.

DATE (dd/mm/yyyy)

Empty text box for date.

5 WHO IS A CLOSE ASSOCIATE?

5.1 A Close Associate is a person who:

- (a) • Holds or will hold any **Relevant Financial Interest** in the business.
 • Is, or will be, entitled to exercise any **Relevant Power** in the business.
 • By virtue of that Financial Interest or Power, is, or will be, able to exercise significant influence in respect to the conduct of that business;
- (b) Or any person that holds, or will hold, any **Relevant Position** in the business.

"Relevant Financial Interest": Any share in the capital of the business.
 Any entitlement to receive any income from the business.

"Relevant Power" Any power (by voting or otherwise) to;
 • participate in any directorial, managerial or executive decision, or
 • to elect or appoint any person to any relevant position.

"Relevant Position": This refers to the position of directors, managers & other executive positions and secretary and such other positions prescribed by the Regulation.

(NOTE: The above information is set out as a guide only, the definition of the term "Close Associate" is fully set out in section 5 of the *Security Industry Act 1997*).

6 APPLICATION CHECKLIST

Please tick that you have:

- Provided **identical** names on all forms and documents; or
- Provided, if applicable, an acceptable change of name document(s);
 (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)
- Completed all required sections;
- Signed the Declaration and Consent; and
- 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.

**IMPORTANT:
 YOUR APPLICATION WILL BE DELAYED IF IT IS NOT FULLY COMPLETED AND/OR YOU
 HAVE NOT PROVIDED THE REQUIRED DOCUMENTATION AND FEE PAYMENT.**