



ACT
Government

Justice and Community Safety

PART A - MUTUAL RECOGNITION OF A SECURITY EMPLOYEE LICENCE

Security Industry Act 2003

Security Industry Regulation 2003

PERSONAL PARTICULARS			
TITLE (Ms, Mr, Dr)	FIRST GIVEN NAME	SECOND GIVEN NAME	FAMILY NAME / SURNAME
DATE OF BIRTH	RESIDENTIAL STATUS		
	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident	
RESIDENTIAL ADDRESS DETAILS		STATE	POSTCODE
POSTAL ADDRESS DETAILS (if different to residential address)			
CITY/ SUBURB/ TOWN	STATE	POSTCODE	COUNTRY
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER		
WORK TELEPHONE NUMBER	EMAIL ADDRESS		
ACT EMPLOYER (SECURITY MASTER LICENSEE NAME)			PHONE NUMBER
MASTER LICENCE REGISTERED ADDRESS			MASTER LICENCE NUMBER
DECLARATION BY APPLICANT			
I confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence.			<input type="checkbox"/>
I am aware the Commissioner for Fair Trading has the ability to consider all relevant information, including criminal intelligence, when assessing my application.			<input type="checkbox"/>
Signature _____			
Dated / /			

ACCEPTABLE FORMS OF IDENTIFICATION - You may bring in the original identification documents to be sighted at ORS, or provide a certified copy. Faxed or emailed copies cannot be accepted.

You may provide documentation in accordance with the requirements below to reach 100 points of identification

Primary Identification Documents: You may use one of the following:	Points
<ul style="list-style-type: none"> • Passport – Australian or International (<i>current or expired within the last two years, but not cancelled</i>) • Birth Certificate (<i>or certified copy</i>). • Citizenship Certificate (<i>or certified copy</i>). • United Nations approved document for international travel. 	70
Secondary Identification Documents: You may use several of the following:	Points
<ul style="list-style-type: none"> • Drivers Licence. • Fingerprints. • ID card issued to a public servant (<i>with picture or signature</i>). • A licence or permit issued under a law, <i>e.g: Builders Licence, Electrical Licence, Boat Licence, etc.</i> • ID card issued by the Commonwealth, a State or Territory as evidence of a person’s entitlements to a financial benefit (<i>with picture or signature</i>), <i>e.g: Pensioner Concession Card, Health Care Card, Concession card, etc.</i> • Tertiary Education ID card (<i>with picture or signature</i>). 	40/25#
NOTE: If you wish to use more than one document from this group, the first acceptable document scores 40 points, but subsequent documents only score 25 points each.	
Evidence of Identifying Operation in the Community: You may use several of the following:	Points
<ul style="list-style-type: none"> • Bank Statement, Letter from Bank, Credit or Account Card • Record held under a law, other than a law relating to Land Titles, <i>e.g: Court records, Births, Deaths & Marriages issued Marriage Certificate, etc.</i> • Written reference from an acceptable referee, nominated by person, who would have known the person for at least 12 months. • Records from a primary, secondary or tertiary education institution (<i>no more than 10 years old</i>). • Membership of a professional Trade Association, <i>e.g: HIA, NIBA, ACEA, AARE, etc.</i> 	25
Evidence of Residential Address: You may use several of the following:	Points
<ul style="list-style-type: none"> • Extract from the electoral roll. • Letter from real estate agent, owner, landlord of premises the person may be living in/occupying for business purposes. • Gas, Electricity, Water, Phone bill. 	25

IDENTITY/SUPPORTING DOCUMENTATION

Identity and Supporting documentation must be either the original (to be sighted by ORS officer and returned to you) or a certified copy.

	100 points of ID			Copy Attached
	Type	Number	Expiry Date	
All applicants MUST provide				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
	Current Security Employee Licence issued by another State or Territory			<input type="checkbox"/>
	Applicants applying for the firearm subclass/es MUST also provide Evidence of your current ACT Firearm Licence			<input type="checkbox"/>
Applicant for crowd controller subclass	Evidence of holding a current Responsible Service of Alcohol (RSA) certificate issued by an ACT-approved Registered Training Organisation (conditional licence may be issued if not)			<input type="checkbox"/>



**PART B - MUTUAL RECOGNITION OF A SECURITY
EMPLOYEE LICENCE**

*Security Industry Act 2003
Security Industry Regulation 2003*

STATUTORY DECLARATION – FOR MUTUAL RECOGNITION

Statutory Declarations Act 1959 (Commonwealth)

Statutory Declarations Act 1959 (Commonwealth)

I, Name in full
of Full residential address
whose current occupation is
whose security licence number is

hereby give notice, pursuant to the ***Mutual Recognition (Australian Capital Territory) Act 1992***, that I am seeking recognition of a licence for an equivalent occupation in accordance with the **mutual recognition principle** and I **make the following declaration under the *Statutory Declarations Act 1959***:

REQUESTED LICENCE PERIOD

<input type="checkbox"/> 1 Year	<input type="checkbox"/> 3 Years
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1	I am registered (or licensed) as a <u>Occupation</u> with the below subclass/es (only select those subclasses/licence types you wish to apply for in the ACT) endorsed on my current licence issued by: <u>STATE/TERRITORY</u>		
<input type="checkbox"/>	1A Patrol, guard, watch or protect property (including cash in transit)	<input type="checkbox"/>	1FP Guard with a firearm for protecting property
<input type="checkbox"/>	1B Act as bodyguard	<input type="checkbox"/>	2A Act as a security consultant
<input type="checkbox"/>	1C Act as crowd controller	<input type="checkbox"/>	2B Sell security equipment
<input type="checkbox"/>	1D Guard with a dog	<input type="checkbox"/>	2C Carry out surveys and inspections of security equipment
<input type="checkbox"/>	1E Act as monitoring centre operator	<input type="checkbox"/>	2D Give advice about security equipment
<input type="checkbox"/>	1FC Guard with a firearm for cash in transit	<input type="checkbox"/>	2E Install, maintain, monitor, repair or service security equipment
<input type="checkbox"/>	Security Trainer Licence		

2	I am not the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to the occupation/s stated in 1.
3	There have been no changes in my criminal history since the issue of my registration/licence in: STATE/TERRITORY _____ that has not been notified to the issuing authority.
4	My registration/licence is not cancelled or currently suspended as a result of disciplinary action in any State or Territory.
5	I am not otherwise personally prohibited from carrying on the stated occupation in any State or Territory and am not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any State/Territory.
6	I am subject to the following special conditions in carrying on the stated occupation in State/Territory _____ : _____ _____
7	I give my consent to the exchange of information with the authorities of any State or Territory or International Authority regarding my activities in the relevant occupation or otherwise regarding matters relevant to this notice.
8	I certify that evidence of my licence has been provided to the Office of Regulatory Services with this application.
I declare that I will advise the Commissioner for Fair Trading if I am convicted or found guilty of, or commit without being convicted, a 'relevant offence' under the <i>Security Industry Act 2003</i> and of any incidents or charges that may disqualify me from holding a security licence or affect my suitability to hold a security licence.	
I have read the privacy statement in this form and agree that the Commissioner for Fair Trading provide my information to law enforcement agencies and authorised organisations that have legal authority to request information under circumstances prescribed by law. I consent to the Australian Federal Police providing information to the Commissioner for Fair Trading in relation to criminal charges that may be laid against me. I understand that this may affect my continued eligibility to hold a security industry licence.	
I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the <i>Statutory Declarations Act 1959</i> , and I believe that the statements in this declaration are true in every particular.	

✕

Signature of person making the declaration

Declared at _____ On the _____ Day of _____ 20_____

Before me ✕

Signature of witness

Full name of witness

Of Full residential address

whose qualification is

*Note: A person who makes a false statement in a statutory declaration is guilty of an offence under the *Statutory Declarations Act 1959* (C'wlth) and the *Criminal Code 2002* (ACT). A Court can impose substantial fines and/or a term of imprisonment for these offences.*

The list of persons before whom a statutory declaration may be made are in schedule 2 of the *Statutory Declarations Regulation 1993*, found at:

<http://www.comlaw.gov.au/comlaw/legislation/legislativeinstrumentcompilation1.nsf/current/bytitle/BAF4F2D92E09F45ACA256F71004C14F1?OpenDocument&mostrecent=1>

OFFICE USE ONLY

Entered into IBS by		Date Entered into IBS	
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PART D - MUTUAL RECOGNITION OF A SECURITY EMPLOYEE LICENCE

Security Industry Act 2003
Security Industry Regulation 2003

PAYMENT AUTHORITY

Name/Corporation:

Provide a mailing address for the tax invoice:

LICENSING FEE QUERIES

There is an initial fee, plus additional fee for further subclasses. For queries regarding the relevant licence fee, please contact ORS Business and Industry Licensing during business hours quoting 'Security Employee Licensing Fee'.

Office of Regulatory Services
255 Canberra Avenue,
FYSHWICK, ACT 2609

Telephone: (02) 6207 0562
Email: ors.bil@act.gov.au

The fee for this licence is \$.00 (GST exempt)

The JACS ABN is: 41 562 230 918

APPLICATION SUBMISSION DETAILS

In Person

Office of Regulatory Services
255 Canberra Avenue
FYSHWICK ACT 2609

By Post (you will still need to attend the office for photo etc)

Office of Regulatory Services
GPO Box 158
CANBERRA ACT 2601

CREDIT CARD PAYMENT AUTHORITY

This part is provided for your convenience for payment of the relevant licence fee when the application has been approved. You will be advised of the actual fee to be paid.

Please note that the licence fee is GST exempt.

Please charge payment of the application fee to my:

VISA card

MasterCard

Credit Card Number

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Expiry date

□ □ / □ □

CARD HOLDER'S AUTHORISATION: I consent to the Office of Regulatory Services debiting the following amount from my credit card to the value of \$ □ □, □ □ □ .00

Card holder's full name

Card holder's signature

Date

/ /