## Application to renew a private security firm licence

Use this form to renew your private security firm licence in accordance with Section 14 of the *Private Security Act 1995*. This licence must be renewed within 3 months before the expiry of the licence.

See the security licences webpage for further information on applicant requirements.

Current licence details								
Licence number:					Expiry date	:		
Applicant type (select one)								
Corporation Yes /	′ No	Firm (pa	artnership/ass	sociation)	Yes / No	Inc	dividual	Yes / No
Licence term (select one)								
1 year Yes / N	0		2 years	Yes / No	)	3 years	Yes / N	ю
Applicant details								
Corporation/Firm na	me							
Business name (if app	licable)							
Applicant full name (i	f an individ	dual)						
ACN				ABN				
Head office address								
Suburb					State		Postcode	
Is your postal address	s the sam	e as abo	ve? If no, con	nplete belov	w:			
Postal address								
Suburb					State		Postcode	
Contact details								
Contact person								
Phone number					Mobile num	nber		
Email address								
Do you agree to receive correspondence via email? Yes / No								
Principal place of business								
Is your principal place of business address the same as above? Yes / No							Yes / No	
If no, complete address below.								
Business address								
Suburb					State		Postcode	
Nominated director name: (this person will be the principal contact for this licence)								
Do you intend to use a business or trading name? Yes / No								
If yes, complete below.								
Business name								
Business number				Websit	e address			



If yes, complete below. If more than two other place of business, copy and attach to this application.         Other place of business details (1)         Business address         Suburb       State       Postcode         Phone number       Mobile number       Image: State       Postcode         Suburb       State       Postcode       Image: State       Postcode       Image: State         Suburb       State       State       Postcode       Image: State       Postcode       Image: State       Image: State <th colspan="6">Do you intend to carry on business from more than one office?</th> <th>Yes / No</th>	Do you intend to carry on business from more than one office?						Yes / No	
Business address       State       Postcode       e         Suburb       Mobile number       Image: State       Postcode       image: State       Postcode         Business address       State       Postcode       Postcode       image: State       image: State       Postcode       image: State       image: Stat	If yes, complete below. If more than two other place of business, copy and attach to this application.							
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Current business name extract attached (if applicable) Yes / No						Yes / No		
	Current business name extract attached (if applicable)					Yes / No		

Current ASIC company extract issued of each company or sole trader making up the firm/company within the last 30 days.	Yes / No				
A passport sized photo not more than 6 months old attached of the nominated officer to be displayed on the certificate.	Yes / No				
Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached for each person associated with the application. For example: Drivers licence, passport, evidence of age card, firearms licence, working with children's card etc.					
Privacy statement					
The Northern Territory Government complies with the Information Privacy Principals scheduled by the					

Information Act 2002.

## Disclaimer

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act* 2002.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to Occupational Licensing and Associations and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

## Lodgement Complete applications can be lodged in person, email or via post at a Territory Business Centre below:

Darwin:	Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway, Berrimah					
Katherine:	Big Rivers Government Centre, 5 First Street, Katherine					
Tennant Creek:	Barkly Business Hub, 63 Haddock Street, Tennant Creek NT					
Alice Springs:	Ground Floor, The Green Well Building, 50 Bath Street Alice Springs					
1800 193 111	territorybusinesscentre@nt.gov.au GPO Box 9800 Darwin NT 0801					

## **Payment details**

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

Payment date:

Receipt number:

Amount paid

Corporation/Firm Officer details (If more than one officer, copy and attach to this application)							
<u>Each</u> officer of the company (Directors, Secretary and Managers) and <u>each</u> person who substantially controls or could substantially control the affairs of the company/firm must complete the below.							
Surname					Date of bir	rth	
Given name/s							
Other name/s (if a	applicable)						
Position held							
Director	Yes / No	Legal officer	Yes / No	Co	mpany secret	tary Yes ,	/ No
President	Yes / No	Treasurer	Yes / No	Pa	rtner	Yes	/ No
Principle executiv	e officer	Yes / No					
Postal address							
Suburb				State		Postcode	
Phone number			Mobile nu	umber			
Email address							
Residency							
Are you an Austra	alian citizen?						Yes / No
If no, how long ha	ive you lived in A	ustralia?					
Country of origin							
Note: if you have check from your c			months you n	nay be re	equired to pro	ovide a crimi	nal history
Disclosures							
1. Have you in the last 10 years been convicted, fined, or disqualified by any court, tribunal, board or other authority of the Territory, the Commonwealth or a State or another Territory of the Commonwealth, in respect of any business or other financial dealings in or outside the Territory, or been a member of a company so dealt with?							
If yes, provide details below.							
2. Have you in the last 10 years been found guilty or convicted of any offence(s)? Yes / No							
If yes, quote the offence(s), relevant date(s), jurisdiction(s) and sentence(s).							
3. Have you in the last 10 years been convicted of a disqualifying offence(s)? Yes / No							
If yes, quote the offence(s), relevant date(s), jurisdiction(s) and sentence(s). (Please see the information help text for a list of disqualifying offences).							

4. Have you been th	າe subject of evidence ູ	given in any Court or Commission of Inqui	ry?	Yes / No		
If yes, provide details below.						
5. Have you been d	eclared bankrupt or ass	igned your estate for the benefit of your o	creditors?	Yes / No		
If yes, provide details	s below.		<u> </u>			
6. Have you been o	r are you currently bour	nd by any recognisance (bail condition) or	the			
subject of any chand inquiry?	arge pending in relation	to any offence(s) before a court or Comn	nission of	Yes / No		
If yes, provide details	s below.		`			
7. Have you been ki	nown by any other nam	les?		Yes / No		
If yes, provide details	s below.		i			
Officer declaration						
I, (full name)						
Of (address)						
Solemnly and sincere	ely declare that:					
• All statements and information contained in this application are true and correct to the best of my						
<ul> <li>knowledge by virtue of the Oaths, Affidavits and Declarations Act 2010; and</li> <li>I have read and understood the information contained in this application; and</li> </ul>						
<ul> <li>The declaration is true and correct; and</li> </ul>						
I know that it is an offence to make a declaration that is false in any material particular.						
This declaration was	made at (location):	On (c	late):			
Officer signature:						
<b>Note:</b> Under the Oaths, Affidavits and Declarations Act 2010 a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.						