

Private Security

Application for a Private Security Licence for a Company

Term of Licence		
Please select the term of licence you are applying for:		
<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years
Applicant Details		
Full Name of Corporation:		
ACN:	ABN:	
Corporation Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Postal Address and Contact Details		
<input type="checkbox"/> Postal Address is the same as Corporation Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Post Office Box Address:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Principal Place of Business		
<input type="checkbox"/> Principal Place of Business Address is the same as Corporation Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Name of Nominated Director: <i>(This person will be the principal contact for this licence)</i>		
Does the Corporation intend, if the Licence is granted, to use a Business or Trading Name? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, provide Business Name, Business Number and Website</i>		
Business Name:		
Business Number:		
Website:		

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Does the Corporation intend to carry on business from more than one office? *If yes, fill in Details of Other Place of Business* Yes No

Details of Other Place of Business (1)

Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		

Details of Other Place of Business (2)

Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		

If more than 2 other places of business need to be recorded, please complete the details on a separate sheet and attach to this application.

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Complete the following sections for an Officer of the Corporation. If there is more than one Officer of the Corporation, photocopy and complete the following sections for each officer. Attach the additional pages when you submit your application.		
Officers of the Corporation <i>(photocopy and complete for each Officer of the Corporation if more than one)</i>		
Surname:	Title:	
Given Name(s):	Other Names:	
Date of Birth:		
Position Held:	<input type="checkbox"/> Director <input type="checkbox"/> Legal Officer <input type="checkbox"/> President <input type="checkbox"/> Treasurer	
	<input type="checkbox"/> Company Secretary <input type="checkbox"/> Principal Executive Officer	
Postal Address and Contact Details <i>(photocopy and complete for each Officer of the Corporation if more than one)</i>		
Unit/Building Number:	Street Number:	
Street Name:		
Post Office Box Address:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Disclosures <i>(photocopy and complete for each Officer of the Corporation if more than one)</i>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		
2. Have you in the last 10 years been convicted of any offence(s)? If yes, quote the offence(s), relevant date(s), jurisdiction(s) and sentence(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		
3. Have you in the last 10 years been convicted of a disqualifying offence(s)? 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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		
4. Have you been the subject of evidence given in any Court or Commission of Inquiry? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		
5. Have you been declared bankrupt or assigned your estate for the benefit of your creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		

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Unattested Declaration under the Oaths, Affidavits and Declaration Act (*Applicant Declaration*)

I, (*Full Name*)

of: (*Address*)

solemnly and sincerely declare that:

1. I have been appointed nominee of the corporation for the purposes of the Private Security Act, and am in bona fide control of the affairs of the corporation in the Northern Territory
2. all statements and information contained in this application are true and correct to the best of my knowledge;
3. I have read and understood the information contained in this application; and I further state that:
4. This declaration is true and correct; and
5. I know that it is an offence to make a declaration that is false in any material particular;

Signature:

on: (*Date*)

Note: A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.

Supporting Documents

The following documents are required to be lodged with the application:

- Current Company Extract
- Current Business Name Extract (if applicable)
- Evidence of lodgement of NT Criminal History Fingerprint Check Application for each officer of the Corporation (See notes 1,2,3 and 5 of the Application Notes below) (Please note that applications will not be processed until the Criminal History Report has been received, which may take around 6 weeks to process by SAFE NT)
- A passport size photograph of each officer of the Corporation
- Current photographic identification for each officer of the Corporation (See note 4 from the Information Text)
- Signed and completed Declaration and Disclosure of each officer of the Corporation

Application Notes

1. For the purpose of this application an officer of the Corporation includes:
 - Director
 - Secretary
 - Executive Officer
 - Person concerned in the management of the Corporation
 - Person who can control or substantially influence the conduct of the Corporation's affairs, including, for example, a person on whose directions, advice or instructions the Corporation's directors usually act
2. Each officer/applicant must complete a Criminal History **Fingerprint** Check Application for **the purpose of Security**, which is to be submitted to SAFE NT. An additional charge applies for the Criminal History **Fingerprint** Application. Upon renewal of a licence, only a National Police Checking Service (NPCS) is required.
3. Interstate applicants need to attend their local Police station to have their fingerprints taken. Original copy of Fingerprints must then be mailed to SAFE NT along with completed Criminal History Check. Application form and payment as indicated on the form.
4. Identification must be supported by a current Passport, Driver's Licence or Birth Certificate. Additional documentation such as Australian residency or working Visa and citizenship papers (where applicable) will also assist in the processing of the licence application.
5. If you hold a current Northern Territory Crowd Controller and/or Security Officer Licence, you **may** not be required to complete another Criminal History Check. Please provide a copy of your licence with this application.
6. For any enquiries relating to this application please contact Licensing NT on (08) 8999 1800

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Privacy Statement		
The Northern Territory Government complies with the Information Privacy Principles scheduled by the <i>Information Act</i> .		
Fees and Payment		
Contact your local Territory Business Centre for the relevant schedule of fees.		
Cash – Territory Business Centre <input type="checkbox"/>		
Cheque - payable to RTM (Receiver of Territory Monies) <input type="checkbox"/>		
Credit card	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Name on Card		
Credit Card Number _____		
Credit Card Expiry Date ____ / ____ (MM/YY)		
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of \$		
Amount in words		
Applicant Signature	Date	Contact Phone Number
.....		
Lodgement Options		
Applications can be lodged at a Territory Business Centre with the prescribed fee at:		
Darwin Darwin Corporate Park Ground Floor, Building 3 631 Stuart Highway Berrimah GPO Box 9800 Darwin NT 0801 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territory.businesscentre@nt.gov.au	Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: territory.businesscentre@nt.gov.au	
Tennant Creek Shop 2, Barkley House Cnr Davidson and Paterson Streets Tennant Creek PO Box 9800 Tennant Creek NT 0861 t: (08) 8962 4411 f: (08) 8982 1725 e: territory.businesscentre@nt.gov.au	Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t: (08) 8951 8524 f: (08) 8951 8533 e: territory.businesscentre@nt.gov.au	