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| Use this form to apply for a private security firm licence in accordance with Section 14 of the *Private Security Act 1995.*  See the security licences [webpage](https://nt.gov.au/industry/licences/security-licences/apply-for-a-security-licence-as-a-company) for further information on applicant requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant type** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corporation | | | Yes / No | | | Firm (partnership/association) | | | | | | | | | | Yes / No | | | | | | | Individual | | | | | | Yes / No | |
| **Licence term** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 year | | Yes / No | | | | | | | 2 years | | | | Yes / No | | | | | | | | | 3 years | | | | | Yes / No | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corporation/Firm name | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name (if applicable) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant full name (if an individual) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| ACN |  | | | | | | | | | | | ABN | | |  | | | | | | | | | | | | | | | |
| Head office address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | |  | | | | | | | | | | | | | State | |  | | | | | | | Postcode | | | |  |
| Is your postal address the same as above? If no, complete below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | |  | | | | | | | | | | | | | State | | |  | | | | | | Postcode | | | |  |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact person | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number | | | |  | | | | | | | | | | | | Mobile number | | | | | | | | |  | | | | | |
| 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 | |
| If no, complete address below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | |  | | | | | | | | | | | | | State | | |  | | | | | | Postcode | | | |  |
| Nominated director name: (this person will be the principle contact for this licence) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you intend to use a business or trading name? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business number | | | |  | | | | | | | | | | Website address | | | | | | |  | | | | | | | | | |
| Do you intend to carry on business from more than one office? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| 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 | | | | | |  | | | | | | | | | | |
| Email address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other place of business details (2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | | |  | | | | | | | | | | | | | State | | |  | | | | | | Postcode | | | |  |
| Phone number | | | |  | | | | | | | | | | Mobile number | | | | | |  | | | | | | | | | | |
| Email address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (address) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that:   * I have been appointed nominee of the corporation for the purposes of the *Private Security Act 1995*, and am in bona fide control of the affairs of the company in the Northern Territory; and * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I have read and understood the information contained in this application; and * The declaration is true and correct; and * 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 (date) | | | |  | | |
| Applicant signature | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive your licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post | | | Yes / No | | | | Collection | | | | Yes / No | | | | | | | Email | | | | | | Yes / No | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [security licences fees](https://nt.gov.au/industry/licences/security-licences/fees) page for fees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Applicant declaration completed and signed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Officer details and declaration completed and signed for each person associated with the application (pages 4-5). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| A passport sized photo not more than 6 months old of the nominated officer attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |

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| SAFE NT criminal history fingerprint check for the purpose of a “security licence”, including spent convictions for **each** officer attached.  **Note:**   * The SAFE NT fingerprint certificate must be issued within the last 3 months and must be for the purpose of a “security licence” only. If any other purpose is stated on the certificate, it may not be accepted and may cause a delay in processing and incur an additional cost to you. * Interstate applicants need to attend their local police station to have their fingerprints taken. The original copy of the fingerprints must then be mailed with your completed application and the relevant fee to Safe NT for processing. * If you hold a current NT crowd controller and/or security licence, you may not be required to complete another criminal history check. Please call a licensing officer on 1800 193 111 to confirm if this is 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 | |
| Current business name extract attached (if applicable). | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | |
| Alice Springs: | | | Ground Floor, The Green Well Building, 50 Bath Street Alice Springs | | | | | | | | | | | | | | | | | | | | | | | | |
| 1800 193 111 | | | | | | [territorybusinesscentre@nt.gov.au](mailto: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) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each officer of the company (Directors, Secretary and Managers) and each person who substantially controls or could substantially control the affairs of the company/firm must complete the below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | | | | | | | Date of birth | | | |  | | | | |
| Given name/s | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other name/s (if applicable) | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Position held | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Director | Yes / No | | | | | | | Legal officer | | | | Yes / No | | | | Company secretary | | | | | | | Yes / No | | | | |
| President | Yes / No | | | | | | | Treasurer | | | | Yes / No | | | | Partner | | | | | | | Yes / No | | | | |
| Principle executive officer | | | | | | | | Yes / No | | | |  | | | | | | | | | | | | | | | |
| Postal address | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb | |  | | | | | | | | | | | | | State | | |  | | | | Postcode | | | | |  |
| Phone number | |  | | | | | | | | | | | Mobile number | | | | |  | | | | | | | | | |
| Email address | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Residency** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you an Australian citizen? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If no, how long have you lived in Australia? | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Country of origin | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Note: if you have lived in Australia for less than 6 months you may be required to provide a criminal history check from your country of origin. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you been the subject of evidence given in any Court or Commission of Inquiry? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you been declared bankrupt or assigned your estate for the benefit of your creditors? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you been or are you currently bound by any recognisance (bail condition) or the subject of any charge pending in relation to any offence(s) before a court or Commission of Inquiry? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you been refused any type of Security Licence (individual or company) in any other jurisdiction, including the Northern Territory? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you been known by any other names? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Officer declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name) | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (address) | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I have read and understood the information contained in this application; and * The declaration is true and correct; and * 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 (date): | | |  | | | |
| Officer signature: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |