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| Use this form to apply for a provisional or full individual private security licence in accordance with Section 14 of the *Private Security Act 1995.*  Note: applicants applying for a provisional licence are only able to do so for 1 year.  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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence term** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 year | Yes / No | | | | | | | | | | 2 years | | | | Yes / No | | | | | | | | 3 years | | | | Yes / No | | | | |
| **Licence category** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Security officer | | | | | | | | | | Yes / No | | | | | | Crowd controller | | | | | | | | Yes / No | | | | | | | |
| Security officer and crowd controller | | | | | | | | | | Yes / No | | | | | | | | | | | | | | | | | | | | | |
| **Application type** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full | Yes / No | | | | | | | | | | | | | | | Provisional | | | | | | Yes / No | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | |  | | | | | | | | | | | | | | | | | | Date of birth: | | | | |  | | | | | | |
| Given name/s: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other name/s (if applicable): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | | | | | | State: | |  | | | | Postcode: | | | | | |  | |
| Is your postal address the same as above? If no, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | | | | | | State: | |  | | | | Postcode: | | | | | |  | |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | |  | | | | | | | | | | | | Mobile number: | | | | | |  | | | | | | | | | | | |
| Email address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you agree to receive correspondence via email? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| **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 or firm 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) below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) (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. Do you suffer from an illness that would make you unfit to work in the security industry? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 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 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant 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 * This 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Support documents checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [security licences fees](https://nt.gov.au/industry/licences/security-licences/fees) page for fees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Complete and signed applicant declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached. For example: Drivers licence, passport, evidence of age card, firearms licence, working with children’s card etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| SAFE NT criminal history fingerprint check for the purpose of a “security licence” only.  **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 private security licence, you may not be required to complete another criminal history check. Please call a licensing officer on 1800 193 111 to confirm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| A passport sized photo not more than 6 months old attached. Alternatively photos can be taken at the Territory Business Centre. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Evidence of completion of prescribed qualifications: statement of attainment and list of completed units of competency attached. Not required if current copy already on file. Please call a licensing officer on 1800 193 111 to confirm.   * Statement of attainment certificate for 14 units of CPP20218 certificate II in security operations, **OR** * Statement of attainment certificate for 13 units of CPP20212 certificate II in security operations.   See the [training for security and crown controllers](https://nt.gov.au/industry/licences/security-licences/training-security-officers-crowd-controllers) page for further information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Current first aid certificate.  Certificate of competency HLTAID011 or HLTAID003. Not required if current copy already on file. Please call a licensing officer on 1800 193 111 to confirm.  **Note:** If your current first aid certificate has less than 30 days until expiry, you are required to also supply a receipt of enrolment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| **Additional supporting documents – Individual provisional licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt of enrolment in an approved training course attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Receipt of enrolment in approved first aid course receipt attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Additional notes (this must be done prior to your provisional licence expiring):   * On completion of the required training you must supply a copy of your certificates and units of competency to obtain a full licence at no additional cost for the remainder of the year. * If you are unable to complete the approved training courses prior to expiry of your provisional licence, you may apply for an extension (one time only) for additional time to complete the training. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | |  | | |