



## Security and/or Investigation Agent Individual & Partnership

### Varying Conditions on an Existing Licence

Before you submit your application form for assessment, we recommend that you use this checklist to ensure that you provide the information and documentation required. Please refer to the guidelines if you have any difficulty in completing the application form. If you do not have a copy of the guidelines, please contact the Business and Occupational Services Branch on 8204 9686 (Commercial Section) and request that a copy be sent to you.

In order for your application to be assessed, you will need to provide:

*Please ✓*

- A completed original application form, together with the correct application fee. Cheques or money orders should be made payable to the **Commissioner for Consumer Affairs**. If paying by credit card, please ensure you have completed all details and signed the authorisation under **Section 7**.

If applying for or varying any or all of the following endorsements: *Guard Work, Crowd Control Work, Canine Handling, Security Systems Work, Security Guard limited to Control Room Operations, Security Systems Work limited to Providing Sales and Advice Only*, then if you have not already done so, you will need to complete:

- A Personal Information Declaration form (see attached). You will need to be fingerprinted by South Australia Police (fingerprinting arrangements made after lodgement of application).

If you are applying for a business or partnership condition:

- Evidence of having met one of the approved business criteria. Please refer to **Business Criteria Information Sheet** for further details.

**Please note:** If you intend to operate a business, whether as a sole trader or in partnership with another person, you will be required to provide evidence of sufficient financial resources to carry out that work.

If you are applying for a new licence function:

- Evidence of successful completion of the approved course of training to carry out the work nominated in your application form. (Please refer to the **Schedule of Approved Competency Requirements**). Applicants may also provide evidence of enrolment in one of the approved security agent courses. They will need to provide their qualification to Office of Consumer and Business Affairs once they have completed their training, for the assessment of their application to be finalised. Certificates must be either original documents or copies certified by a Justice of the Peace.

**All qualifications and documentation submitted with an application must be in the full and legal name of the applicant and an original or certified copy.**

Office Use Only	
Client ID	
Application fee	
Licence / Registration No	
Registering Officer	



**Government of South Australia**

Office of Consumer and  
Business Affairs

## Security and/or Investigation Agent Individual & Partnership Varying Conditions on an Existing Licence

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Please contact the Commercial Licensing Section if you have any difficulties in completing this application form. Telephone: (08) 82049686 Facsimile: (08) 82049697

**There are penalties for deliberately making false or misleading statements on this application.  
A maximum penalty of \$10,000 applies.**

### Contact details

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Contact name \_\_\_\_\_  
Daytime telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

### Section 1 Applicant's details

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Title                    Mr     Mrs     Ms     Miss

Surname \_\_\_\_\_

Full given names \_\_\_\_\_

Date of birth            /    /

Residential address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Home telephone \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Facsimile \_\_\_\_\_

Postal address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

## Section 2 Work function(s) & conditions

Please select the level of each condition that you wish to apply for by placing a ✓ in the relevant box.  
(Please refer to the **Guidelines for licence applicants** if you have any difficulty in completing this section.)

### Business Condition

This permits you to carry on business as a sole trader.

### Partnership Condition

This is required if you do not meet the qualifications or financial requirements as an individual.

#### Please note:

If you do not hold the required qualifications yourself, you will also receive the endorsement *'limited to not personally performing functions as an agent'*.

### Employee Only

This permits you to work as an employee without supervision.

### Employee Under Supervision

You must be supervised at all times by an appropriately licensed agent.

<b>Crowd Control Work</b>		<b>Security Guard Work</b>	
Business Condition	<input type="checkbox"/>	Business Condition	<input type="checkbox"/>
Partnership Condition	<input type="checkbox"/>	Partnership Condition	<input type="checkbox"/>
Employee Only	<input type="checkbox"/>	Employee Only	<input type="checkbox"/>
Employee Under Supervision	<input type="checkbox"/>	Employee Under Supervision	<input type="checkbox"/>
<b>Security Systems Work</b>		<b>Security Systems Work limited to Sales &amp; Advice</b>	
Business Condition	<input type="checkbox"/>	Business Condition	<input type="checkbox"/>
Partnership Condition	<input type="checkbox"/>	Partnership Condition	<input type="checkbox"/>
Employee Only	<input type="checkbox"/>	Employee Only	<input type="checkbox"/>
Employee Under Supervision	<input type="checkbox"/>	Employee Under Supervision	<input type="checkbox"/>
<b>Canine Handling</b>		<b>Security Guard Work limited to Control Room Operation</b>	
Business Condition	<input type="checkbox"/>	Business Condition	<input type="checkbox"/>
Partnership Condition	<input type="checkbox"/>	Partnership Condition	<input type="checkbox"/>
Employee Only	<input type="checkbox"/>	Employee Only	<input type="checkbox"/>
Employee Under Supervision	<input type="checkbox"/>	Employee Under Supervision	<input type="checkbox"/>
<b>Collection Work</b>		<b>Inquiry Work</b>	
Business Condition	<input type="checkbox"/>	Business Condition	<input type="checkbox"/>
Partnership Condition	<input type="checkbox"/>	Partnership Condition	<input type="checkbox"/>
Employee Only	<input type="checkbox"/>	Employee Only	<input type="checkbox"/>
Employee Under Supervision	<input type="checkbox"/>	Employee Under Supervision	<input type="checkbox"/>

## Section 3 Entitlement to be licensed

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Please answer **YES** or **NO** to the following questions in the space provided below.

**Q1** Have you ever been convicted of an offence, or are any court proceedings pending?

**Yes**  **No**  If YES, please provide details \_\_\_\_\_

\_\_\_\_\_

**Q2** Do you have the approved educational qualifications and experience to be licensed as a Security/ Investigation Agent for the functions you have selected in section 2? If yes, please provide evidence of satisfactory completion of training course(s).

*If **NO**, or if you possess an equivalent qualification or experience, you may apply to an approved training provider for your qualifications/experience to be recognised and submit evidence of this to the Commissioner*

**Yes**  **No**

**Q3** Are you currently suspended or disqualified from practising or carrying on an occupation, trade or business under a law of this State, the Commonwealth, or another State or a Territory of the Commonwealth?

**Yes**  **No**  If YES, please provide details: \_\_\_\_\_

\_\_\_\_\_

If you are applying for a **licence as an employee only** go directly to **Section 6**.

If you are applying for a **licence to operate in business or partnership**, continue on to the next question.

**Q4** Are you an undischarged bankrupt or subject to a composition, deed or scheme of arrangement with or for the benefit of creditors?

**Yes**  **No**  If YES, please provide details: \_\_\_\_\_

\_\_\_\_\_

**Q5** Have you, during the last five years, been a director of a body corporate that has been wound up for the benefit of creditors, when the body was being so wound up or within the period of 6 months preceding the commencement of the winding up?

**Yes**  **No**  If YES, please provide details: \_\_\_\_\_

\_\_\_\_\_

## Section 4 Business details if applying for a Business Condition

**A** I intend to operate the business as a Security and/or Investigation Agent from:

Business address .....

Postcode .....

**B** Under a registered business or trading name

(Please write *Not Applicable* if you will be trading under your own name)

**NOTE:** MUST be registered. Contact Business Names on 8204 9779 for further information.

Name .....

**C** Are you operating in a partnership?    **Yes**      **No**  

If YES, please state you partner's full name and licence number

Partner's name .....

Licence number .....

## Section 5 Details of applicant's financial standing

The following information is required to enable the Commissioner for Consumer Affairs to be satisfied (as required by the Act) that the applicant has sufficient financial resources to carry on business in a proper manner under the licence. If assets or liabilities are jointly owned or owed, show **applicants/partners** separately.

Assets	\$ (A)	Liabilities (amounts owing)	\$ (B)	Net amount (A-B)
Real estate	\$	Mortgage owing	\$	\$
Motor vehicles	\$	Amounts owing	\$	\$
Plant & equipment	\$	Amounts owing	\$	\$
Other assets (excluding house contents and personal effects)	\$	Amounts owing	\$	\$
<b>Sub-total</b>	<b>\$</b>		<b>\$</b>	<b>\$</b>
Total credit account balances (include bank, building society, credit union, cash on hand)	\$	Total debit account balances (include overdraft charge accounts, no trade accounts)	\$	\$
Trade debtors (include amounts owing for work in progress, if applicable)	\$	Trade creditors (exclude amounts owed on stock in hand)	\$	\$
Stock on hand	\$	Amounts owing	\$	\$
<b>Total assets (C)</b>	<b>\$</b>	<b>Total liabilities (D)</b>	<b>\$</b>	<b>Net worth (C-D)</b>
				<b>\$</b>

Overdraft limit    \$ .....

Name of your financial institution .....

Branch of your financial institution .....

## Section 6 Application declaration

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I, the applicant described in this form, do solemnly and sincerely declare that:

- I have read the *Security and Investigation Act 1995* and regulations and understand my legal obligations; and
- The contents of this application form and any of the attachments are true and correct, and that I understand that providing false or misleading information is an offence under section 37 of the *Security and Investigation Agents Act 1995*.

I also authorise the Commissioner for Consumer Affairs to make any inquiries necessary for the purpose of determining this application.

Signature \_\_\_\_\_ Date        /        /

## Section 7 Credit card payment

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I hereby authorise the Commissioner for Consumer Affairs to debit my **Visa** or **MasterCard** (circle whichever is applicable) in the amount of \$ \_\_\_\_\_

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Credit card number

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--	--	--	--	--

		/		
--	--	---	--	--

Expiry date

Signature \_\_\_\_\_ Date        /        /

Name of card holder \_\_\_\_\_

Cardholder's contact number \_\_\_\_\_

## Where to lodge this form

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### In person

Business and Occupational Services  
Office of Consumer and Business Affairs  
Level 3 Chesser House  
91-97 Grenfell Street  
ADELAID

### Post

Business and Occupational Services  
Office of Consumer and Business Affairs  
GPO Box 1719  
ADELAIDE SA 5001

### Telephone

Commercial Licensing: (08) 8204 9686  
SA country callers 131 882  
Translating and Interpreting Service (TIS)  
Telephone 131 450

### The Act and Regulations can be obtained from

Service SA, Customer Service Center  
108 North Terrace  
Adelaide SA 5000  
Telephone 13 23 24

Or download from the Parliamentary website:

[www.parliament.sa.gov.au](http://www.parliament.sa.gov.au)

### Visit us on the web

[www.ocba.sa.gov.au](http://www.ocba.sa.gov.au)

## Important Information

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If you are applying to vary the conditions on an existing licence to include **any** of the following conditions, you will need to complete the following **Personal Information Declaration** if you have not already done so.

### **Security Guard Work**

Security Agent - security guard work

Security Agent restricted to guard work as an employee

Security Agent restricted to guard work as an employee under supervision of a licensee

Security Agent - security guard limited to control room operations

Security Agent - security guard limited to control room operations as an employee

### **Crowd Control**

Security Agent - crowd control work

Security Agent restricted to crowd control work as an employee

Security Agent restricted to crowd control work as an employee under supervision of a licensee

### **Security Systems Work**

Security Agent - security systems work

Security Agent restricted to security systems work as an employee

Security Agent restricted to security systems work as an employee under supervision of a licensee

### **Security Systems Work limited to Sales & Advice Only**

Security Agent - security systems work limited to providing sales and advice only

Security Agent restricted to security systems work limited to providing sales and advice only as an employee

Security Agent restricted to security systems work limited to providing sales and advice only as an employee under supervision of a licensee

### **Canine Handling**

Security Agent - canine handling

Security Agent restricted to canine handling as an employee

Security Agent restricted to canine handling as an employee under supervision of a licensee

**STRICTLY CONFIDENTIAL**

**OFFICE OF CONSUMER AND BUSINESS AFFAIRS**

91 - 97 Grenfell Street, Level 3, Chesser House, Adelaide, South Australia 5000

Postal Address: GPO Box 1719, Adelaide, South Australia, 5001

Telephone: (08) 8204 9686

Fax: (08) 8204 9697

Client ID .....

**1. Personal Information Declaration for Security Agent Licensing**

**Surname** \_\_\_\_\_

**Other names** \_\_\_\_\_

**Service address** \_\_\_\_\_  
(current) \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Residential address** \_\_\_\_\_  
(current) \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Home telephone** \_\_\_\_\_ **Work telephone** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Facsimile** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Sex** Male / Female

Any **other names** (including birth, maiden, married, changed legally or alias names) by which you have been known

**Town of birth** \_\_\_\_\_

**Country of birth** \_\_\_\_\_

If you were **born in Australia**, please go to **question 2**.

If you were **not born in Australia**, please complete the following:

Are you an Australian citizen? **YES / NO** (please circle one)

If **YES** provide certificate number or Australian passport number: \_\_\_\_\_

(If you do not know your citizenship number, please write N/K)

If you are **not** an Australian citizen, provide the following:

Passport/Identity number \_\_\_\_\_

Country of issue \_\_\_\_\_

**The information below is required by the  
COMMISSIONER OF POLICE**

## 2. Family

(Please respond to all sections on this page. If there are any queries please contact Commercial Licensing on 8204 9686 or email [comm.bos@agd.sa.gov.au](mailto:comm.bos@agd.sa.gov.au))

**NOTE:** If address or date of birth details are **not known (N/K)** please give reasons on p.14. If there is insufficient room provided within the questions please use p.14 to complete the question.

Please provide your **PARENTS / STEP-PARENTS** information below:  
(If parent/s are deceased, please provide name only)

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Do you have any **BROTHERS** or **SISTERS / STEP-BROTHERS** or **SISTERS / HALF-BROTHERS** or **SISTERS**?  
(If any are deceased, please provide name only)

**YES / NO** (please circle one)

If **YES**, please provide their information below:

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Do you have a **SPOUSE / PARTNER** (whether or not they currently reside with you)?

**YES / NO** (please circle one)

If **YES**, please provide their information below:

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___

Please supply your **SPOUSE / PARTNER'S PARENTS / STEP-PARENTS** details:  
(If any are deceased, please provide name only)

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Does your **SPOUSE / PARTNER** have any **BROTHERS** or **SISTERS / STEP-BROTHERS** or **SISTERS / HALF-BROTHERS** or **SISTERS**? (If any are deceased, please provide name only)

**YES / NO** (please circle one)

If **YES**, please provide their information below:

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Do you have any **CHILDREN (18 years or older only)**?  
(If any are deceased, please provide name only)

**YES / NO** (please circle one)

If **YES**, please provide their information below:

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Are there any **OTHER PERSONS (not listed above) residing with you?**  
(excluding persons under the age of 18 years)

**YES / NO** (please circle one)

If **YES**, please provide their information below:

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>D.O.B</i>
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___

### 3. Address History

Have you lived at any address, other than your current address, in the last 10 years?

**YES / NO** (please circle one)

If **YES**, excluding your present address and working backwards, complete the following details for each address you have resided at in the last ten years (including interstate and overseas).

DATE		ADDRESS
e.g. Feb.	/ 2002 to Dec. / 2005	123 BROWN STREET ADELAIDE 5000
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____

Have you, in the last **10 years**, resided **outside Australia** where the period of time spent in any one country was **12 months or more** and you were over **17 years** of age at the time?

**YES / NO** (please circle one)

If **YES**, you **must** provide with this declaration an **original or certified** copy of your police certificate (**Statement of Offence History**) from the Local Law Enforcement Agency of each country in which you have resided.

(Must include **translated copy** if certificate is not in English)





## FAILURE TO DECLARE IS AN OFFENCE

It is your responsibility to ensure accuracy. If you are in any doubt whatsoever contact  
the SAPOL LICENSING AND ENFORCEMENT BRANCH  
on (08) 8204 2142

### 5. Offence History

You **must** answer each question either **YES** or **NO** (circle the correct answer)

- a) Have you ever been arrested, charged, or reported for **any offence** (including offences committed before the age of 18 years) either in AUSTRALIA or OVERSEAS? (including traffic offence)  
(**Note:** Expiation notices not included here - refer to next question)

**YES / NO** (please circle one)

If **YES**, please list details

DATE	STATE/TERRITORY/COUNTRY	OFFENCE	OUTCOME

- b) Have you **ever** been issued with **any type of expiation notice** in AUSTRALIA?  
(e.g. for minor traffic notices, drug, shop lifting, tobacco, liquor, environment)

**YES / NO** (please circle one)

If **YES**, please list details

DATE	STATE/TERRITORY	OFFENCE THAT NOTICE WAS ISSUED FOR

- c) Have you been charged or reported for any offences, which have not yet been before court, or are currently before the court?

**YES / NO** (please circle one)

If **YES**, please list details

DATE	STATE/TERRITORY	OFFENCE



## 6. Authority

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I,	<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div>
	<i>(Full Name of Applicant)</i>
of	<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div>
	<i>(Current Address)</i>

hereby consent to the release of full details of any person and any other relevant information that any Australian State/Federal/Territories Police or Law Enforcement Agency may have in its possession with reference to me. This includes any convictions imposed on me that are spent or rehabilitated (however described) under State/Territory/Federal Legislation. I acknowledge without this consent being provided, spent or rehabilitated convictions within certain States may not be disclosed.

South Australia Police (SAPOL) will release all findings of guilt, all proven court outcomes, including offences for which a 'without conviction' was recorded, and expiation notices. The information is released in accordance with SA legislation.

Offences from other States/Territories will be released in accordance with their specific spent conviction and rehabilitation legislation policies.

**I authorise** the Commissioner for Consumer Affairs to make any enquiries that may be relevant for Security Licensing.

### PENALTY FOR SUPPLYING ANY FALSE OR MISLEADING INFORMATION

#### ***Section 37 - SECURITY AND INVESTIGATION AGENTS ACT 1995***

A person must not make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of any particular) in any information provided, or record kept, under this Act.

Maximum penalty - \$10,000.

**NOTE: I understand that it is an offence to make false or deliberately misleading statement or omission in support of an application.**

Signature \_\_\_\_\_  
*(Applicant's Signature)*

Date    /    /