

Security and Investigation Industry Act 1995

# Security Industry Training Provider

## Application for approval - Body Corporate

### Where to lodge this Form

|   |  |  |  |
|---|--|--|--|
| <b>In person</b><br>Customer Service Centre<br>91 Grenfell Street<br>ADELAIDE SA 5000 | <b>Post</b><br>Licensing and<br>Registration<br>GPO Box 2169<br>ADELAIDE SA 5001 | <b>Electronically</b><br>Scan and email all<br>documents to:<br><br><a href="mailto:occupational@sa.gov.au">occupational@sa.gov.au</a> | <b>More information</b><br><a href="http://www.cbs.sa.gov.au">www.cbs.sa.gov.au</a><br><br>Ph: 131 882 |
|---|--|--|--|

### Details of primary contact person

(Director or Office Manager)

Full Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Email \_\_\_\_\_

### Details of Applicant

Licence Number (if held): ISL

Body Corporate Name \_\_\_\_\_

Postal Address \_\_\_\_\_

ABN \_\_\_\_\_ RTO Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email \_\_\_\_\_

### Details of Training organisation

These details will be available to the public

Trading Name \_\_\_\_\_

Location \_\_\_\_\_

Website \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

## Director Details

### Director 1

Family name \_\_\_\_\_ Other names \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Date of birth \_\_\_\_\_

### Director 2

Family name \_\_\_\_\_ Other names \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Date of birth \_\_\_\_\_

### Director 3

Family name \_\_\_\_\_ Other names \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Date of birth \_\_\_\_\_

## Entitlement to be licensed / registered

**Each director must complete this section. D1, D2 refers to Director 1, Director 2 etc**

| Have you (or the body corporate):   | D1    | D2    | D3    |
|---|-------|-------|-------|
| 1. Ever been convicted of an offence, or are any court proceedings pending  | Y / N | Y / N | Y / N |
| 2. Ever been suspended or disqualified from practising or carrying on an occupation, trade or business under a law of this State, the Commonwealth, another State or a Territory of the Commonwealth? | Y / N | Y / N | Y / N |

**If any you have answered yes to one or more of the questions, please attach details to this notice.**

## Declaration

This section must be completed by one of the directors.

I, the applicant described in this application, do solemnly and sincerely declare that the contents of this application form and attachments are true and correct, and I understand that providing false or misleading information is an offence under the legislation under which this company's licence is authorised.

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_