

Security and Investigation Industry Act 1995

Security Industry Training Provider

Application for approval - Individual

If the Training Provider is a partnership, each partner will need to complete an application for approval.

Where to lodge this Form

In person Customer Service Centre 91 Grenfell Street ADELAIDE SA 5000	Post Licensing and Registration GPO Box 2169 ADELAIDE SA 5001	Electronically Scan and email all documents to: occupational@sa.gov.au	More information www.cbs.sa.gov.au Ph: 131 882
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Please note that your responses will be checked by law enforcement agencies. If it is found that you have failed to disclose information required, or have provided false or misleading information in your application, you may be subject to criminal prosecution, disciplinary action and/or licence cancellation.

Details of Applicant

Licence Number (if held): ISL RTO Code

Full name _____

Business Name _____

Residential address _____

Postal Address _____

Daytime phone _____ Email _____

Entitlement to be licensed / registered

Have you:	
Ever been convicted of an offence, or are any court proceedings pending	Y / N
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
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.

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** _____