

Security and Investigation Industry Act 1995

Security industry training provider

Application for approval - body corporate

Where to lodge this form

Post: Licensing and Registration GPO Box 1719 ADELAIDE SA 5001

Email: Scan and email to occupational@sa.gov.au

More information

Website: www.cbs.sa.gov.au

Phone: [131 882](tel:131882)

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 primary contact person

(Director or office manager)

Full name: _____

Postal address: _____

Daytime phone no: _____ Email: _____

Details of applicant

Licence No (if held): ISL _____

Body corporate name: _____

Postal address: _____

ABN: _____ RTO code: _____

Daytime phone no: _____ 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. Select either Yes or No for each question.

Have any of the new director(s) of the company:	Director 1	Director 2	Director 3
1. Ever been convicted of an offence, or are any court proceedings pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Ever been suspended or disqualified from practicing or carrying on an occupation, trade or business under a law of this state or another state or territory of the Commonwealth?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If any new director/s 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/We, the applicant/s described in this notification, do solemnly and sincerely declare that the contents of this Change of director form and attachments are true and correct, and I/we understand that providing false or misleading information is an offence under the legislation under which this company's licence is authorised.

Name: _____

Signature: _____

Date: _____