



Application to Renew a Licence

SECURITY AND RELATED ACTIVITIES (CONTROL) ACT 1996

LICENSING ENFORCEMENT DIVISION
303 Sevenoaks Street Cannington, Western Australia 6107
Post: Locked Bag 9 East Perth WA 6892
Email: securitylicensing@police.wa.gov.au
Telephone: 1300 171 011

You must carefully complete all sections and attach all required documents
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Section 1. Personal Details

- Record your full name, residential address, postal address, date of birth and all telephone numbers and email addresses.
- Enter your Motor Driver Licence number.

Section 2. Licence Category

- Enter your existing licence number.
- Select which category of licence you wish to renew and tick the corresponding box.

Section 3. Personal History

ALL APPLICANTS

- Record the details of any findings of guilt in the past 3 years and penalty imposed by a court, whether within Australia or overseas. This encompasses Criminal or Children Court convictions (include Spent Convictions or where a conviction was not recorded).
- Declare if you have been known by any other legal name.

Agents

- Enter the details of any bankruptcy in the last 3 years. You must disclose whether you are still an undischarged bankrupt.
- If any information relating to your business has changed, provide details (include address changes, business structure or officeholders).

Section 4. Sign the Declaration

- Sign and date the form.

Section 5. Relevant Documentation

ALL APPLICANTS

- Four (4) passport photographs (Must display head and shoulders and be on white or very light background, no eye-altering contact lenses or shaded glasses to be worn).
- Renewal fee.

Security Officer, Security Bodyguard and Crowd Controller

- You must hold a current First Aid Certificate at all times. The certificate must be issued by an approved Australian Registered Training Organisation. You must provide a copy of your current First Aid Certificate with your renewal.

Agent Licence Holders only

- A current accountant's letter confirming that the business you are an agent on behalf of, is financially sound, must be provided at renewal. If any business details have changed provide evidence to support the change. In some instances a new application may be required.

Renewal payments cover a 3 year period for all licence types.

Application Checklist

- Correct licence types nominated
- Full particulars of personal history, including criminal record or bankruptcy completed
- All relevant documentation provided including passport photos
- Full renewal fees payable

**AN APPLICATION FOR RENEWAL MUST BE RECEIVED 28 DAYS PRIOR TO EXPIRY DATE OF EXISTING LICENCE.
FAILURE TO DO SO MAY RESULT IN REFUSAL TO RENEW YOUR LICENCE.**

To submit your application by post, complete the attached credit card authority form, or provide a money order or cheque made payable to "The Commissioner of Police" for the total amount on the renewal notification:

Licensing Services
Locked Bag 9, EAST PERTH WA 6892

Completed applications can be lodged in person at:

Licensing Services
303 Sevenoaks Street, CANNINGTON WA 6107

Country applicants may attend their nearest police station

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**WESTERN AUSTRALIA
POLICE FORCE
LICENSING SERVICES**

LICENSING ENFORCEMENT DIVISION
303 Sevenoaks Street Cannington, Western Australia 6107
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Email: securitylicensing@police.wa.gov.au
Telephone: 1300 171 011

*THIS APPLICATION MUST BE RECEIVED BY THE
LICENSING OFFICER 28 DAYS PRIOR TO EXPIRY OF CURRENT LICENCE.
APPLICANT MUST PERSONALLY COMPLETE THIS ENTIRE APPLICATION IN CAPITAL LETTERS*

Section 1. Personal Details

LICENCE HOLDER DETAILS

Family Name

All Given Names

Date of Birth
DD/MM/YYYY

Gender

Driver's
Licence

CONTACT ADDRESS - Postal

Unit / Street Number	Street Name	Street Type	
Suburb	State	Postcode	

CONTACT ADDRESS - Residential

Tick if Postal Address is the same as Residential Address

Unit / Street Number	Street Name	Street Type	
Suburb	State	Postcode	

CONTACT DETAILS

Mobile Phone Other Phone

Email

Section 2. Licence Category

Licence Number

		Security Installer (tick class)	Security Consultant (tick class)
Security Agent	Crowd Control Agent	Locksmith	Locksmith
Security Officer	Crowd Controller	Alarms/CCTV	Alarms/CCTV
Security Monitoring Officer	Inquiry Agent	Doors	Doors
Security Bodyguard	Investigator	Locks only	Security Risk Management

Section 3. Personal History

Have you been found guilty of an offence by a court in Australia or any other country in the last three years?
(Include all criminal, spent convictions, or findings of guilt where a non-conviction was recorded)

No Yes - Provide details below (attach an extra page if required)

Conviction	State	Country	Year of Outcome
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Section 3. Personal History *continued*

Have you changed your name in the last three years? No Yes (Provide previous name below)

Supporting documentation may be required

Surname	First Name	Reason for former name
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AGENTS ONLY - COMPLETE THE FOLLOWING THREE QUESTIONS

Have you been declared bankrupt in the last 3 years? No Yes - Attach details

Are you still an undischarged bankrupt? No Yes

Have you updated any company/business information on your licence since your original application? No Yes - Provide details below

This includes all changes to address and business / company structure.

Note: Change to business / company structure may require a new application to be submitted for assessment.

Section 4. Declaration

I certify that the information contained in this application has been provided by myself and that it is true and correct in every particular and that I completed this application myself. I am aware that it is an offence under Section 51 of the Security and Related Activities (Control) Act 1996 to provide false or misleading information.

Applicant's Full Name

Applicant's
Signature

Date



Credit Card Payment Authorisation

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Please note we only accept Mastercard and Visa credit cards

Licence Holder Name

Security Licence
Number

Credit Card Information

Card Type Mastercard Visa

Cardholder Name

Card Number

Expiry Date
DD/MM/YYYY

CCV

Total \$

Declaration

Authorisation
signature of
cardholder

Date
DD/MM/YYYY