

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE 1

Regulation 2

Application form to engage in licensable conduct

**LA F01 Licence Application Form** Security Industry Authority **sia**

**Section I - Payment Details**

Please DO NOT send cash. Only payments by debit are acceptable. NOTE: Applications will only be processed once your payment is cleared. Payment is for the application and not the licence.

The licence application(s) will cost

**DEBIT/CREDIT CARD PAYMENTS**

1. Method of payment (Please write your name in the address space on the back of the cheque and DO NOT send post dated cheques)

2. Card number

3. Issue number (if any)

4. Valid from date

5. Expiry date

6. Name on card

7. Card-holder's address (for records, please write in full)

8. Post town

9. Post code

10. Country

11. Signature of cardholder I authorize payment of the amount

Date

**Section J - Application Declaration and Consent**

I confirm that I have read and understand the contents of the Licensing Leaflet LI L02. I confirm that the information I have provided in support of this application is, to the best of my knowledge, true and complete in every respect. I understand that it is a criminal offence under section 22 of the Private Security Industry Act 2001, knowingly to make a false statement to get an SIA licence, and may lead to my application being refused, or my licence being cancelled, and may lead to prosecution. I understand that information about my licence will be placed on a public register.

I understand that the SIA will conduct a criminal record check through the Criminal Records Bureau about me and may ask third parties for information about my mental history, professional qualifications and other information of direct relevance to my application if necessary, including from appropriate authorities overseas.

I give my consent to these checks being made.

**Data Protection Act 1998**

All information provided in connection with your application will be treated in confidence by the SIA and processed in accordance with the Data Protection Act 1998, but it may be disclosed to other government departments, agencies, local authorities and other bodies to carry out the functions of the SIA and where legally required to do so. The information in Section A will also become known to BT plc, a third party engaged by the SIA for the processing of applications. I understand that by signing below, I consent to the SIA processing sensitive personal information about me.

I agree to be bound by the terms and conditions of holding an SIA licence as outlined in the Licensing Leaflet.

We will not accept this application unless you sign below in black ink and your signature is **completely** within the white area

Keep your signature within the white box

Date

Keep your signature within the white box

**Section A - Applicant Details**

A1. Title

A2. Surname/ family name

A3. Forename(s) given name(s)

A4. Any other forename used

A5. Date of birth

A6. Usual email address

A7. Any other e-mail address used

A8. From

A9. Any other telephone number

A10. From

A11. Daytime telephone number

A12. When are you available to receive a telephone call?

Morning Afternoon

A13. E-mail address

A14. Date of birth

A15. National Insurance Number

A16. Town of birth

A17. Country of birth

A18. Nationality

A19. Alias (surname/ family name)

A20. Alias given name

PEEL HERE

Please refer to the Completion Notes 15 For boxes you attach your photograph

PEEL

Attach a colour photograph of your face on a plain white background

**LA F01 Licence Application Form** Security Industry Authority **sia**

**Section B - Relevant Qualifications**

Other use:

B1. Award reference

B2. Award name

B3. Awarding body

B4. Award date

B5. Award reference

B6. Award name

B7. Awarding body

B8. Award date

B9. Award reference

B10. Award name

B11. Awarding body

B12. Award date

B13. Award reference

B14. Award name

B15. Awarding body

B16. Award date

**Section C - Details of licence and role applied for**

C1. Business sector(s) and role applied for

C2. Do you hold a current valid non-UK Private Security Industry European Economic Area (PIE SIA) licence? Yes No

**Section D - Supporting Documents**

I confirm that I have read and understood the Form Completion Notes IN F01, and have provided a complete set of documents in support of this application

**Section E - Countersignatory Identity**

Please write your unique reference number on the back of your photo

Complete this section for your initial application only. It is not required for renewals.

E1. Countersignatory's full name (family name)

E2. Countersignatory's forename(s)/given name

E3. Countersignatory's address

E4. Post town

E5. Postcode

E6. Country (use title if UK)

E7. Countersignatory's occupation

E8. Daytime telephone number

The back of your photo must be signed and dated by your countersignatory.

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**Section F - Address History**

PLEASE PROVIDE YOUR ADDRESS HISTORY FOR THE LAST 5 YEARS LISTED IN REVERSE ORDER OF OCCUPANCY MOST RECENT FIRST. IF THERE ARE ANY GAPS OF A MONTH OR MORE IN THE 5 YEAR HISTORY, THIS APPLICATION WILL BE RETURNED AS INCOMPLETE.

F1. Current address (do not include house number, street)

F2. Post town

F3. Post code

F4. Country (use black flag)

F5. Resident from M M Y Y Y Y to present

F6. Previous address (do not include house number, street)

F7. Post town

F8. Post code

F9. Country (use black flag)

F10. Resident from M M Y Y Y Y to M M Y Y Y Y

IF YOU HAVE LIVED AT ANY OTHER ADDRESS IN THE LAST 5 YEARS THAT YOU HAVE NOT DETAILED ON THIS FORM THEN CROSS THIS BOX AND INCLUDE THESE OTHER ADDRESSES ON THE CONTINUATION SHEET

**Section G - Mental Health**

G1. Have you been compulsorily detained within the last 5 years under mental health legislation? Yes No

G2. If yes, please write here the name and address of the hospital/doctor or other person supervising your detention. If you cannot provide this, please give details of your GP. In providing this information you allow us to request information about your detention to help in our decision about your suitability for a licence.

Please see the Licensing Leaflet LI L02 for details of whether this applies to you, or visit our website at [www.sia.org.uk](http://www.sia.org.uk)

**Section H - Criminal Record Information**

If you answer YES to any of these questions please provide offence and date information.

H1. Have you had a conviction, caution or warning within the last 12 months? If yes, please state whether it was a conviction, caution or warning and the date the penalty was given. Yes No


Description of offence eg Conviction for theft, 3 months imprisonment Date eg 1/10/2015

H2. Have you been charged with an offence that is awaiting trial? If yes, please give the date and nature of the charge. Yes No


Description of offence eg Charged with theft Date eg 1/10/2015

If you need more space (please use the continuation sheet provided)

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<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<b>Continuation Sheet</b>	 Security Industry Authority
<p>← If you need to use this sheet please; Write your unique reference number in this box. You will find your unique reference number on the front page of your Licence Application Form.</p>		
<b>Criminal Record Information</b>		
<p>If you have answered YES to any of the following questions, you must provide full written details below:</p>		
<p>H1. Have you had a conviction, caution or warning within the last 12 months? If yes, please state whether it was a conviction, caution or warning and the date the penalty was given.</p>		
<p>H2. Have you been charged with an offence that is awaiting trial? If yes, please give the date and nature of the charge.</p>		
<b>Description of offence</b>	<b>Date</b>	
<b>Description of offence</b>	<b>Date</b>	
<b>Description of offence</b>	<b>Date</b>	
<b>Description of offence</b>	<b>Date</b>	
<p>Official use:</p>		

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<b>Continuation Sheet</b>		 Security Industry Authority	
	If you need to use this sheet please; Write your unique reference number in this box. You will find your unique reference number on the front page of your Licence Application Form.		
<b>Address History</b>			
Address (flat number, house number, street)			
Post town			
Post code			
Country (leave blank if UK)			
	Resident from	M M    Y Y Y Y	to    M M    Y Y Y Y
Address (flat number, house number, street)			
Post town			
Post code			
Country (leave blank if UK)			
	Resident from	M M    Y Y Y Y	to    M M    Y Y Y Y
Address (flat number, house number, street)			
Post town			
Post code			
Country (leave blank if UK)			
	Resident from	M M    Y Y Y Y	to    M M    Y Y Y Y
Address (flat number, house number, street)			
Post town			
Post code			
Country (leave blank if UK)			
	Resident from	M M    Y Y Y Y	to    M M    Y Y Y Y
Official use:			

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SCHEDULE 2

Regulation 3(a)

**Licence to carry out door supervision of public houses etc**



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SCHEDULE 3

Regulation 3(b)

**Licence to act as manager, director, employer or partner  
in relation to doorsupervision of public houses etc.**



< Name >  
< Address Line 1 >  
< Address Line 2 >  
< Town/City >  
< County >  
< Postcode >  
< Country >

< Date >

Application reference number < number >

Dear < Name >

This letter confirms that your licence application has been successful. This entitles you to work in the door supervision sector as a non-front line manager, supervisor or employer of a licensed door supervisor or as the director or partner of a company or partnership providing door supervision services [delete roles as appropriate]. This licence does not entitle you to act as a door supervisor.

**Your licence number is <number> and expires on <date>**

Please keep this letter safe. You will not receive a licence card or certificate.

**The conditions of this licence are:**

<conditions here >

We reserve the right to add to or amend these conditions.

The following details about your licence will be available to the general public on our website and through the SIA contact centre.

<name> <licence number> <role> <sector>

If you wish to make any enquiries please contact us on 08702 430 100 between 8am—6pm Monday to Friday, quoting your licence number.

YOURS SINCERELY

SIA CONTACT CENTRE

08702 430 100

[www.the-sia.org.uk](http://www.the-sia.org.uk)