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SCHEDULE 1

Regulation 4(1)(b)

LAF02		Security Industry Authority	
Licence Application Form		PEEL HERE Your photograph MUST fit this space Refer to the guidance notes before you attach your photograph.	
PEEL HERE			
FAILURE TO COMPLY WITH THE INSTRUCTIONS BELOW MAY RESULT IN YOUR APPLICATION BEING REJECTED			
<ul style="list-style-type: none"> • Please read the accompanying Guidance notes booklet BEFORE completing this form. • If we have pre-completed any details on the form for you, please ONLY change them if they are incorrect or have changed. • You MUST complete this form using either a BLUE or BLACK pen using BLOCK CAPITALS • Question numbers highlighted in RED are mandatory and MUST be completed. • Question numbers highlighted in AMBER may need to be completed depending on the information you have provided in previous questions. 			
<p>If you answered 'No' to question H2, the APPLICANT'S name and address MUST be written on the back of the chosen card. We CANNOT accept post dated cheques.</p> <p>H1. I have calculated my licence application fee at £ <input type="text"/></p> <p>H2. Will you be paying for the application(s) made on this form using a cheque? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>H3. Other payment methods <input type="checkbox"/> Switch <input type="checkbox"/> Maestro <input type="checkbox"/> Delta <input type="checkbox"/> Solo <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Banker's draft <input type="checkbox"/> Postbox order <input type="checkbox"/></p> <p>H4. Card number <input type="text"/> M M Y Y Y Y</p> <p>H5. Valid from date <input type="text"/> M M Y Y Y Y</p> <p>H6. Card holder's name on the card <input type="text"/></p> <p>H7. Card holder's billing address <input type="text"/></p> <p>H10. Town / City <input type="text"/></p> <p>H11. Postcode <input type="text"/></p> <p>H12. Country <input type="text"/></p> <p>H13. Card holder's % signature <input type="text"/></p> <p>H14. Date of signature <input type="checkbox"/> D D M M Y Y Y Y</p>			
<p>Section I - Application declaration and consent</p> <p>I confirm that I have read and understand the SIA Licensing criteria (Get Licensed) and the Guidance notes. I agree to be bound by the terms and conditions of holding an SIA Licence as outlined in the criteria. I confirm that the information and documents I have provided in support of this application are 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 to knowingly or recklessly make a false statement to the SIA, licence, and doing so may lead to my application being refused, my licence being revoked or suspended, and/or prosecution. I understand that information about my licence will be placed on a public register.</p> <p>I understand that the fee is for the application process and is non-refundable.</p> <p>Data Protection Act and data sharing</p> <p>I understand that the SIA will collect, store and use the information I provide for SIA licensing purposes. As a data controller under the Data Protection Act 1988, the SIA will process my information in accordance with the principles of that Act. I understand that, in order to consider my application the SIA, including its managed service provider, will process sensitive personal information about me. The SIA will conduct a criminal record check through the Criminal Records Bureau (CRB) or Disclosure Scotland about me. These organisations or the SIA may ask third parties for information about me or my application, including verification of my documents and identity.</p> <p>I understand that it is my responsibility to advise the SIA of any changes to my personal details so my information can be kept accurate and up-to-date.</p> <p>H1. We will not accept this application unless you sign below in blue or black ink as your signature is COMPLETELY within the white area <input type="checkbox"/> Keep your signature within the white box <input type="text"/></p> <p>H2. Have we ever issued you with an SIA application or licence number that isn't listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answer 'No' go to H3</p> <p>H3. Please provide any ONE of your previous application or licence numbers (if available) <input type="text"/></p>			
D D M M Y Y Y Y			

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Section C - Counter-signatory identity (UK passport holders only)											
<p>By signing below and providing your details you are agreeing that the photograph is a true likeness of the applicant (whose signature appears in Section I).</p> <p>C1. Surname / Family name _____ C2. Forename(s) _____ C3. Address _____ C4. Town / City _____ C5. Postcode _____ C6. Country _____</p> <p>The applicant's photograph MUST be signed and dated in blue or black ink by their counter-signatory whose details are provided in Section C of the application form</p> <p><small>The applicant's photograph MUST be signed and dated in blue or black ink by the counter-signatory</small></p> <p>C7. UK Passport number _____ C8. Telephone _____</p> <p><small>Counter-signatures should provide their current valid UK passport number (the application notes about counter-signatory identity).</small></p>											
<p>C9. Counter-Signatory signature _____</p> <p><i>Counter-Signatory Signature</i></p>											
<p>C10. Date of signature _____</p>											
<p>Section D - Applicant verification and contact information</p>											
<p>D1. Do you have a UK National Insurance Number? Yes <input type="checkbox"/> No <input type="checkbox"/> D2. UK National Insurance Number _____</p> <p>D2. Do you have a current valid UK passport? Yes <input type="checkbox"/> No <input type="checkbox"/> D3. UK passport number _____</p> <p>D3. Do you have a UK driving license? Yes <input type="checkbox"/> No <input type="checkbox"/> D4. UK driving license number _____</p> <p>D4. Are you known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" then go to D5.</p> <p>D5. Previous surname / family name _____</p> <p>D6. Previous (surname) _____</p> <p>D7. I was known by the same name from my birth until _____</p> <p>D11. Previous surname / family name _____</p> <p>D12. Previous (surname) _____ until _____</p> <p>D13. From _____ until _____</p> <p>D14. If you require more space for additional names please see the continuation sheet and attach this box. _____</p>											
<p>D15. Town of birth _____</p> <p>D16. Email address (please!) _____</p> <p>D17. Telephone number _____</p> <p>D18. Mother's maiden name _____</p>											
<p>G1. Details of office _____ <small>+6 Criminal Justice Act 1986.</small></p> <p>G2. Have you been charged with an offence but is currently awaiting trial? If "Yes" then please provide details of the offence including the LOCATION and DATE of when the charge was brought. _____</p> <p>G3. Details of office _____ <small>o.g. Office of the Police Ombudsman</small></p> <p>G4. Date: MM/YY _____</p> <p>G5. Charged with Theft, section 1 of the Theft Act 1968 by Metropolitan Police _____</p>											
<p>F1. If you answer "Yes" to F1 then complete the "Mental health disclosure" section on the continuation sheet. <small>If you have been continuously detained at the side of any other compulsory measure since the last 5 years?</small></p> <p>F2. If you answer "Yes" to G1 then complete the "Mental health disclosure" section on the continuation sheet.</p> <p>F3. If you answer "Yes" to either of these questions you MUST provide details of the charge, conviction or disposal.</p> <p>G1. Have you had a conviction, caution or warning within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>G2. Details of office _____ <small>o.g. Office of the Police Ombudsman</small></p> <p>G3. Date: MM/YY _____</p>											
<p>E1. Current address _____</p> <p>E2. Town / City _____</p> <p>E3. Postcode _____</p> <p>E4. County _____</p> <p>E5. I have lived at my current address since: M M Y Y Y Y _____</p> <p>E6. Previous address 1 _____</p> <p>E7. Town / City _____</p> <p>E8. Postcode _____</p> <p>E9. Country _____</p> <p>E10. Resident item _____ to _____</p> <p>E11. Previous address 2 _____</p> <p>E12. Town / City _____</p> <p>E13. Postcode _____</p> <p>E14. County _____</p> <p>E15. Resident item _____ to _____</p> <p>E16. If you have had any other address in the last 5 years then cross this box and see the separate history continuation sheet.</p>											
<p>Section E - Address history (for the last 5 years)</p>											
<p>F1. If you answer "Yes" to F1 then complete the "Mental health disclosure" section on the continuation sheet.</p>											
<p>F2. If you answer "Yes" to G1 then complete the "Mental health disclosure" section on the continuation sheet.</p>											
<p>Section F - Mental health</p>											
<p>F1. Have you been continuously detained at the side of any other compulsory measure since the last 5 years?</p>											
<p>Section G - Criminal record information</p>											
<p>G1. Have you had a conviction, caution or warning within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/></p>											
<p>G2. Details of office _____ <small>o.g. Office of the Police Ombudsman</small></p>											
<p>G3. Date: MM/YY _____</p>											
<p>G4. Charged with Theft, section 1 of the Theft Act 1968 by Metropolitan Police _____</p>											



Continuation Sheet



Security Industry Authority

If you need to use this sheet please fill in the appropriate information in the boxes below.

Either provide this:

Application ID (if known)

Or provide this:

Surname / Family name

Forename

Date of birth

 D D M M Y Y Y Y

Address history continuation

Previous address

Town / City

Postcode

Country

Resident from

 M M Y Y Y Y
 to M M Y Y Y Y

Previous address

Town / City

Postcode

Country

Resident from

 M M Y Y Y Y
 to M M Y Y Y Y

Previous address

Town / City

Postcode

Country

Resident from

 M M Y Y Y Y
 to M M Y Y Y Y

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Continuation Sheet



Security Industry Authority

If you need to use this sheet please fill in the appropriate information in the boxes below.

Either provide this:

Application ID (if known)

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Or provide this:

Surname / Family name

--	--	--	--	--	--	--	--	--	--	--	--	--

Forename

--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Additional names continuation

Previous surname / Family name

--	--	--	--	--	--	--	--	--	--	--	--

Previous forename(s)

--	--	--	--	--	--	--	--	--	--	--	--

From

M	M	Y	Y	Y	Y	to	M	M	Y	Y	Y
---	---	---	---	---	---	----	---	---	---	---	---

Previous surname / Family name

--	--	--	--	--	--	--	--	--	--	--	--

Previous forename(s)

--	--	--	--	--	--	--	--	--	--	--	--

From

M	M	Y	Y	Y	Y	to	M	M	Y	Y	Y
---	---	---	---	---	---	----	---	---	---	---	---

Previous surname / Family name

--	--	--	--	--	--	--	--	--	--	--	--

Previous forename(s)

--	--	--	--	--	--	--	--	--	--	--	--

From

M	M	Y	Y	Y	Y	to	M	M	Y	Y	Y
---	---	---	---	---	---	----	---	---	---	---	---

Mental health disclosure

If you answered "Yes" to question F1 on the main application form you must provide the reasons for your compulsory detainment, or other compulsory measure under mental health legislation. You must also provide the date and period that you were detained for and the name and address of the hospital/doctor or other person supervising your detention. If you cannot provide this, please give the name and address of your GP. In providing this information you are allowing us to request information about your detention in order to help us come to our decision about your suitability for a licence.