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SCHEDULE 1


Regulation 3

Application form to engage in licensable conduct

LA F01

Licence Application Form

Security Industry Authority



Security Industry Authority

Section I - Payment Details

Please DO NOT send cash. Only payments in sterling 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

11. Method of payment (please write your unique reference number on the back of the cheque and DO NOT send post dated cheques)

	Cheque	Switch	Delta	Solo	Visa	MasterCard	Bankers Draft	Postal Order
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEBIT/CREDIT CARD PAYMENTS	<p>12. Card number</p> <p>14. Valid from date</p> <p>16. Name on card</p> <p>17. Card statement holder's address (flat number, house number, street)</p> <p>18. Post town</p> <p>19. Post code</p> <p>110. Country</p>	<p>12. Card number</p> <p>14. Valid from date</p> <p>16. Name on card</p> <p>17. Card statement holder's address (flat number, house number, street)</p> <p>18. Post town</p> <p>19. Post code</p> <p>110. Country</p>	<p>13. Issue number (if shown)</p> <p>15. Expiry date</p>	<p>13. Issue number (if shown)</p> <p>15. Expiry date</p>	DEBIT/CREDIT CARD PAYMENTS
	Complete this Section only if you are paying by credit or debit card.	<p>M M Y Y Y Y</p> <p>M M Y Y Y Y</p>	<p>M M Y Y Y Y</p>	<p>M M Y Y Y Y</p>	
	<p>111. Signature of cardholder I authorise payment of the amount</p>	<p>111. Signature of cardholder I authorise payment of the amount</p>	<p>Date</p> <p>D D M M Y Y Y Y</p>	<p>Date</p> <p>D D M M Y Y Y Y</p>	

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 •

• Keep your signature within the white box •

Date

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LA F01

Licence Application Form



FAILURE TO COMPLY WITH THE INSTRUCTIONS BELOW MAY RESULT IN YOUR APPLICATION BEING REJECTED

Security Industry Authority

- Please READ the accompanying 'Form Completion Notes IN F01' BEFORE completing this form.
- This form is for use by the ADDRESSEE ONLY. It is non-transferable.
- SOME INFORMATION has been pre-completed for you. Do not amend these details unless they are incorrect or have changed.
- You must use BLACK INK only and write in BLOCK CAPITALS.

The type of application you are making is for a

Your unique reference number is
(if paying by cheque write this number on the back of the cheque)

Section A – Applicant Details

A1. Title A2. Gender

A3. Surname/ family name

A4. Forename(s)/ given name(s)

A5. Surname/ family name at birth if different to A3 A6. Used until Y Y Y Y

A7. Any other surname used

A8. From Y Y Y Y to Y Y Y Y

A9. Any other forename used

A10. From Y Y Y Y to Y Y Y Y

A11. Daytime telephone number A12. When are you available to receive a telephone call? Morning Afternoon

A13. E-mail address @

A14. Date of birth D D M M Y Y Y Y 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


PEEL

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

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LA F01

Licence Application Form



Security Industry Authority

Section B – Relevant Qualifications

B1. Award reference	<input type="text"/>
B2. Award name	<input type="text"/>
B3. Awarding body	<input type="text"/>
B4. Award date	<input type="text"/>
B5. Award reference	<input type="text"/>
B6. Award name	<input type="text"/>
B7. Awarding body	<input type="text"/>
B8. Award date	<input type="text"/>
B9. Award reference	<input type="text"/>
B10. Award name	<input type="text"/>
B11. Awarding body	<input type="text"/>
B12. Award date	<input type="text"/>
B13. Award reference	<input type="text"/>
B14. Award name	<input type="text"/>
B15. Awarding body	<input type="text"/>
B16. Award date	<input type="text"/>

Official use:

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 (PSI EEA) licence?
If so please include this licence in your application.

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

Countersignatory signature and date

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

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

E1. Countersignatory surname/family name	<input type="text"/>
E2. Countersignatory forename/given name	<input type="text"/>
E3. Countersignatory address	<input type="text"/>
E4. Post town	<input type="text"/>
E5. Postcode	<input type="text"/>
E6. Country (leave blank if UK)	<input type="text"/>
E7. Countersignatory occupation	<input type="text"/>
E8. Daytime telephone number	<input type="text"/>

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Licence Application Form



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 (flat number, house number, street)	[Grid for address details]																												
F2. Post town	[Grid for post town]																												
F3. Post code	[Grid for post code]		[Grid for post code]																										
F4. Country (leave blank if UK)	[Grid for country]																												
												M	M	Y	Y	Y	Y												
												F5. Resident from		[Grid]		[Grid]		to present											
F6. Previous Address (flat number, house number, street)	[Grid for address details]																												
F7. Post town	[Grid for post town]																												
F8. Post code	[Grid for post code]		[Grid for post code]																										
F9. Country (leave blank if UK)	[Grid for country]																												
												M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y						
												F10. Resident from		[Grid]		[Grid]		to		[Grid]		[Grid]							

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

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.the-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 <input type="checkbox"/> No <input type="checkbox"/>
Description of offence eg Conviction for theft, 3 months imprisonment	Date eg 11/02/03
H2. Have you been charged with an offence that is awaiting trial? If yes, please give the date and nature of the charge.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of offence eg Charged with theft	Date eg 11/02/03

If you need more space please use the continuation sheet provided

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Continuation Sheet



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.



Criminal Record Information



If you have answered YES to any of the following questions, you must provide full written details below:

- 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.
- H2. Have you been charged with an offence that is awaiting trial? If yes, please give the date and nature of the charge.

Description of offence	Date
Description of offence	Date
Description of offence	Date
Description of offence	Date

Official use:

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	<h2 style="margin: 0;">Continuation Sheet</h2>																													
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SCHEDULE 2

Regulation 4(2)

Front line licence (manned guarding, vehicle immobilisation, restriction and removal and door supervision etc.)



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SCHEDULE 3

Regulation 4(3)

Front-line licence (keyholding) and non-front line licence (manned guarding, vehicle immobilisation, restriction and removal, keyholding, door supervision 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 as the following:

- A non front line manager, supervisor or employer of a licensed security operative;
- The director or partner of a company or partnership providing licensable services;
- A keyholder.

This licence does not entitle you to act as a front line operative except where you act as a keyholder.

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