

Security Industry Training Provider

Application for approval - Body Corporate

Where to lodge this Form

Post

Licensing and
Registration
GPO Box 2169
ADELAIDE SA 5001

Email

Scan and email all
documents to:
occupational@sa.gov.au

More information

www.cbs.sa.gov.au

Ph: 131 882

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 number _____ Email _____

Details of Applicant

Licence Number (if held): ISL

Body Corporate Name _____

Postal Address _____

ABN _____ RTO Code _____

Daytime phone _____ 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. D1, D2 refers to Director 1, Director 2 etc

Have you (or the body corporate):	D1	D2	D3
1. Ever been convicted of an offence, or are any court proceedings pending	Y / N	Y / N	Y / N
2. Ever been suspended or disqualified from practising or carrying on an occupation, trade or business under a law of this State, the Commonwealth, another State or a Territory of the Commonwealth?	Y / N	Y / N	Y / N

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

I / we also authorise the Commissioner for Consumer Affairs to make any inquiries necessary for the purpose of determining this application

Signature _____ Date _____