



Close Associate Consent Form

Tattoo Parlours Act 2012

A SEPARATE CLOSE ASSOCIATE CONSENT FORM MUST BE COMPLETED FOR EACH CLOSE ASSOCIATE

This form is to be completed in respect of close associates that are individuals.

An applicant for an operator licence under the *Tattoo Parlours Act 2012* must provide to NSW Fair Trading the consent of each close associate allowing the Commissioner of Police or the Director-General to conduct National Police Checks.

The definition of "close associate" is contained in Section 4 of the *Tattoo Parlours Act 2012*.

This section is to be completed by the applicant for an Operator Licence

Full Name of Applicant for Operator Licence:

Application Number or Licence Number:

Full Name of Close Associate:

Signature of Applicant/Holder of Operator Licence: Date:

How to Lodge this Document

Each individual close associate is required to complete a Close Associate Consent Form, allowing the Commissioner of Police or the Director-General to conduct a National Police Check. Your licence application will not be considered without the consent form declaration and identification documents from each close associate. This information can be provided to you to submit with your application or the close associates can provide it to Fair Trading directly.

If Close Associate Consent Forms and the supporting documents are being sent to NSW Fair Trading separately from the application for an Operator licence, please ensure that they are sent to:



Post

Business Licensing
Locked Bag 5138
PARRAMATTA NSW 2124



Service NSW Service Centre

For your nearest Service NSW Service Centre go to:
www.service.nsw.gov.au or telephone 13 77 88.

This section is to be completed by the Close Associate

Surname:

Given Name:

Middle Name(s):

Date of Birth:

Gender:

Place of Birth:

Town:

State:

Country:

Daytime Telephone Number:

Mobile Telephone Number:

Email Address to which all correspondence will be sent:

Driver's Licence Number/Photo Card Number:

State of Issue of Driver's Licence/Photo Card:

Are you or have you ever been known by any other names (eg. maiden name)?

Yes (provide full details below)

No

Surname:

Given Name(s):

Middle Name:

Residential Address:

Street Address:

Suburb: State: Postcode:

Postal Address (if different from the above) - correspondence will only be sent to this address if no email is provided.

Street Address:

Suburb: State: Postcode:

Relationship of close associate with the applicant.

Provide a description of your Close Associate relationship with the applicant eg. landlord of business premises, employee, contractor, anyone who holds relevant financial interest in the business or being a director, manager, secretary of a corporation that is a close associate. The definition of "close associate" is contained in Section 4 of the *Tattoo Parlours Act 2012*.

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Identification of Close Associate

You are required to provide original certified copies of three (3) acceptable forms of personal identification. You must provide one (1) document from List 1 and two (2) documents from List 2.

Identification must not be expired and must include at least one type of photographic identity document and a signature and date of birth. All copies of identification must be certified by a Justice of the Peace, Notary Public or legal practitioner as being true and correct copies of the originals.

The person certifying the documents must:

- Compare the original document to the copy of the document to be submitted and ensure it is identical.
- Write (or stamp) on the copy "I certify this to be a true copy of the original document sighted by me".
- Sign the statement.
- Print the following details:

Name;
Contact telephone number;
Profession or occupation and;
Date certified

In addition, a Justice of the Peace must also print their registration number and the state in which they are registered.

Acceptable forms of identification

The three certified copies of forms of personal identification are to comprise one document from List 1 and two documents from List 2.

List 1

- Current Australian driver licence
- Current photo identification card issued by an Australian driver licensing authority

List 2

- Current passport
- Birth Certificate
- Citizenship Certificate
- Certificate of Marriage or Change of Name
- Government issued identity card
- Medicare Card and/or Private health care fund card
- Senior Citizens / Govt. concession card
- Rates notice
- Utility account (eg. electricity, gas, telephone)
- Current student identity card
- Union/Professional membership card
- Licence issued by a Government authority
- Employee identity card with photograph

Consent and Certification

I certify that the particulars specified in this form and all attachments are, to the best of my knowledge, true and correct in every detail.

I
(Insert full name of close associate)

hereby consent to and do request Australian Police agencies to release to the NSW Police Force information held by any of them regarding any convictions, findings of guilt (either with or without conviction) and any matters still outstanding against me and any other matters deemed relevant that are recorded against me whether in my current name or a previous name, for the purposes of an application by the above named applicant for an operator licence under the *Tattoo Parlours Act 2012*.

[Please note that S.11(7) of the Act states that S.12 of the *Criminal Records Act 1991* does not apply in relation to an application for a licence].

I acknowledge and agree:

- that the NSW Police Force relies on other State and Commonwealth jurisdictions (Other Agencies) to provide information to it (Other Agency Information);
- to release the NSW Police Force from any liability arising from any errors or omissions contained in that Other Agency Information;
- to release and indemnify those Other Agencies from any actions and demands that I may have available against them arising out of the release by them to the NSW Police Force of Other Agency Information; and
- to the release of national criminal history record information held or obtained by the NSW Police Force to NSW Fair Trading for licensing and regulatory purposes.

The above acknowledgment does not alter any rights I may have under legislation.

Signature of Close Associate:

Date:

NOTE: It is an offence under the *Crimes Act 1900* to make a false or misleading statement on this form.