

Application Checklist

Please make sure that you complete the check list below and include all required documentation before

NEW companies please provide the first three items. **Existing** companies please provide all documents:

- BSCAA Membership Application form.** Please note that all fields must be complete. Should there be questions left unanswered your membership application may be rejected until complete.
- Evidence of **Registration of Business.**
- Copy of **ABN Certificate**
- A copy of **current Master License**
- Evidence of **current Public Liability insurance**
- Evidence of **current Workers Compensation insurance** or **Income Protection insurance**
- Firearms License** (If a Firearms License is held)

Please note that should your application be complete with all required documentation it takes up to 10 working days to be processed.

Once your membership has been approved new companies have 60 days in which to apply for, complete and return any outstanding compliance documentation.

Business information

Company or Business Name:.....

Trading Name:

ABN (Australian Business Number): _____

ACN (Australian Company Number): _____

Does the Organisation use Firearms? YES NO

If YES you must include a copy of both personal and company Firearms Licenses.

Number of years in business: Years

Number of Employees:Employees

Have you ever belonged to another Security Approved Association : YES NO

If yes which Association?

Contact information

Company Director:

Title (circle): Mr / Ms / Miss / Mrs First Name: Family Name:

Authorised Representative:

Title (circle): Mr / Ms/ Miss / Mrs First Name: Family Name:

Postal Address:

Suburb: State: _____ Postcode: _____

Street Address:

Suburb: State: _____ Postcode: _____

Phone Number: (_____) _____

Mobile Number: _____

Fax Number: (_____) _____

Email Address:.....

Web Site (if Applicable):

Master License Number (if one is already held): _____

Expiry Date: _____ / _____ / _____

If you already hold a Master License please include a copy of this document. If you do not hold a Master License the BSCAA allows 60 days after your membership has been approved in order for you to apply for, obtain and supply a copy of your Master License to the BSCAA.

Close Associates (Directors/Partners– if more than 3 please attach list on a separate page):

1.	
2.	
3.	

Other Companies (Please list other security companies the owner/director owns/directs– if more than 3 please attach list on a separate page):

1.	
2.	
3.	

Services Provided

Please indicate (tick) the services your company/business provides or plans to provide (you may choose more than one categories):

- | | | |
|---|--|--|
| <input type="checkbox"/> GUARDS | <input type="checkbox"/> SURVEILLANCE | <input type="checkbox"/> ACCREDITED SECURITY TRAINING |
| <input type="checkbox"/> PATROLS | <input type="checkbox"/> ELECTRONIC INSTALLATION | <input type="checkbox"/> ALARM INSTALLATION |
| <input type="checkbox"/> ALARM RESPONSE | <input type="checkbox"/> LOCKSMITH SERVICES | <input type="checkbox"/> CENTRAL MONITORING SERVICES |
| <input type="checkbox"/> CROWD CONTROL | <input type="checkbox"/> CASH/VALUBLES ESCORTS | <input type="checkbox"/> SECURITY GRILLES/FENCES/DOORS |
| <input type="checkbox"/> GUARD DOG SERVICES | <input type="checkbox"/> OTHER (please specify)..... | |

Annual Gross Turnover

Category	Annual Turnover	Subscription (incl. GST)
1	Less than \$100,000	\$ 240.00 <input type="checkbox"/>
2	\$ 100,000—\$300,000	\$ 290.00 <input type="checkbox"/>
3	\$ 300,000—\$500,000	\$ 470.00 <input type="checkbox"/>
4	\$ 500,000—\$1 million	\$ 740.00 <input type="checkbox"/>
5	\$ 1 million—\$ 3 million	\$ 1065.00 <input type="checkbox"/>
6	\$ 3 million—\$ 5 million	\$1,726.00 <input type="checkbox"/>
7	\$ 5 million—\$10 million	\$2,435.00 <input type="checkbox"/>
8	\$10 million—\$20 million	\$3,170.00 <input type="checkbox"/>
9	over \$20 million	By negotiation <input type="checkbox"/>

Proportion of your Annual Gross Turnover that is related to Security:%

Please indicate which states and/or territories your company/business provides security services in:

- ACT NSW NT QLD SA TAS VIC WA



ABN 30 881326 071

sydney, melbourne, brisbane, adelaide, perth, canberra, hobart
www.bscaa.com

Declaration

By signing this form I acknowledge that my details - name, address, telephone, fax and email and name of the authorised company representative - may be made available to members, authorised supplier members of the BSCAA and recognised industry publications and industry regulatory bodies. .

I hereby certify that all the information I have supplied is true and accurate.

Authorised representative: Name (print)

Signature

Date ____ / ____ / ____

Payment Details

I enclose a cheque for \$.....

Please debit my credit card for \$.....

Card number: Visa MasterCard

_____ | _____ | _____ | _____

Expiry date: ____ / ____

Cardholders' name:

Signature:.....

I have authorised a direct credit to the BSCAA bank account

Account details: NAB
BSB - 082 212
Account Number - 17129 8892

Amount \$.....

Please ensure that you have completed all fields and included all supporting documentation before submitting your BSCAA NSW Security Division membership application form. Please note, subscription payments are non refundable.

Applications can be submitted by the following methods:

- Fax: (02) 9906 8146
- Email: admin@bscaansw.com.au
- Post: PO Box 554, Crows Nest NSW 1585
- In person (please call first to make an appointment): 3/139 Alexander Street, Crows Nest NSW 2065