

### Application Checklist

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

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)
- Copy of **Individual License**

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 50 days in which to apply for, complete and return any out standing compliance documentation. Established companies have 30days in which to complete and return the Code of Practice and the self-completed Compliance Inspection form.

The BSCAA NSW Security Division offers three categories of membership. Please indicate (tick) which you are applying for:

- CORE** -- Companies directly involved in the Security Industry including but not limited to manpower, surveillance, manufacturers of security products, installers and repairers of security equipment.
- NON-CORE** -- Companies whose major business is not security manpower services but employ one or more security personnel/consultants to the industry and training companies.
- INDIVIDUAL** -- Employees in the Security Industry. This is an information only service.



ABN 30 881 326 071



## 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 50 day 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.

## 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? .....

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- 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

### Membership type:

**Non-core providers & Associates** **\$285** (incl. GST)  
Companies whose core business is not within the security industry, but who hold or are applying for a Master Licence

**Core**  
Companies activity engaged in the security industry.

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

I have authorised a direct credit to the BSCAA bank account

Account details: NAB  
BSB- 082 212  
Account Number- 89383 2014  
Amount- \$.....

Make sure that you note your company name on your direct credit when paying so that your deposit can be identified. Also please send evidence of your direct credit.

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

Visa  Mastercard

Card number:

\_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Expiry date: \_\_\_\_ / \_\_\_\_

Cardholders' name: .....

Signature:.....

Please ensure that you have completed all fields before submitting your BSCAA NSW Security Division membership application form. Also please ensure that you include all supporting documentation.

Applications can be submitted by the following methods:

- Fax: (02) 9906 8146
- Email: [admin@bscaansw.com.au](mailto: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