

**STATEMENT BY EMPLOYER (only required for applicants living
more than 100 km from the ACT border)**

A Security Employee licence is only valid whilst the applicant is employed by a licensed ACT security master. This information must be provided or the application will not be processed.
This declaration is to be completed by your employer to endorse your application

I, Name in full _____,
of Full residential address _____,
whose current occupation is _____,
whose ACT master licence number is _____
as the authorised person of the company / master licensee, make the following Statutory Declaration under the *Statutory Declarations Act 1959*:

The information below relates to the Employee Security licence application for: applicant name _____

1 I have employed the applicant to provide security services in the ACT; or Yes No

2 I will employ the applicant to provide security services in the ACT if their Security Employee licence is approved; and Yes No

3 The use of a firearm is required in carrying out their role Yes No

The applicant will be performing the following role(s)

4 Patrol, guard, watch or protect property (including cash in transit) Yes No

5 Guard with a dog Yes No

6 Act as a bodyguard Yes No

7 Act as a security consultant Yes No

8 Act as a crowd controller Yes No

9 Sell security equipment , or carry out surveys and inspections of security equipment, or give advice about security equipment, or Install, maintain, monitor, repair or service security equipment Yes No

10 Act as a Monitoring Centre Operator Yes No

I confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence.

All information provided in this application is true and correct to the best of my knowledge.

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Signature of person making the declaration

Declared at _____ On the _____ Day of _____ 20____