

STATUTORY INSTRUMENTS

S.I. No. 19 of 2008

PRIVATE SECURITY (LICENSING APPLICATIONS) REGULATIONS $2008\,$

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PRIVATE SECURITY (LICENSING APPLICATIONS) REGULATIONS 2008

The Private Security Authority, in exercise of the powers conferred on it by section 51 of the Private Security Services Act 2004 (No. 12 of 2004) and with the consent of the Minister for Justice, Equality and Law Reform, hereby makes the following regulations:

- 1. These regulations may be cited as the Private Security (Licensing Applications) Regulations 2008.
 - 2. These regulations come into operation on 25 January 2008.
- 3. The Private Security (Licensing Applications) Regulations 2007 (S.I. No. 856 of 2007) are revoked.
 - 4. In these regulations—
- "Act" means the Private Security Services Act 2004 (No. 12 of 2004);
- "licence" means a licence issued under the Private Security (Licensing and Standards) Regulations 2005 (S.I. No. 834 of 2005) or the Private Security (Licensing and Standards) (Cash in Transit) Regulations 2007 (S.I. No. 857 of 2007).
- 5. An applicant for a licence shall complete the form specified in the Schedule to these regulations or a form to the like effect specified from time to time by the Authority.
- 6. Following are the particulars to be included in an entry in the register established under section 33 of the Act in respect of a licensee:
 - (a) name and identification number assigned by the Authority;
 - (b) business name and address;
 - (c) category of licence issued to the licensee;
 - (d) its commencement date, expiry date and number;
 - (e) any variation of the licence and effective date of the variation;
 - (f) date of any cancellation;
 - (g) any other categories of licence held.

Notice of the making of this Statutory Instrument was published in "Iris Oifigiúil" of 12th February, 2008.

SCHEDULE

FORM OF APPLICATION FOR LICENCE

	The Private Security Authority An tÚdarás Slándála Príobháidí An tÚdarás Slándála Príobháidí T: 062 31588 F: 062 31591 E: info@psa.gov.ie
	www.psa.gov.le
	PSA_CLA_06/2007 (CIT)
	Licence Application Form
	 Please read the Form Completion Notes before completing this form. The form should be filled out using BLACK INK and IN BLOCK CAPITALS. The form may be revised periodically - before completing it, check that no revision has been substituted.
	Section A General Details
	General Details
	Name of Applicant (Name to appear on licence)
!	Trading As _
	Contact Name
	Business Telephone Number Fax Number
•	Website Address E-mail Address
•	PPS Number <u>or</u> Revenue Registration Number
i	Business Address
	(this is the address to which all
	correspondence will issue)
,	Number of Employees
	Legal Status (tick / the appropriate box)
	Sole Trader Company (Complete Section C) Foreign Company
	Partnership (Complete Section 8) Private Unlimited Company Branch of Foreign Company
	Private Limited Company
	- runk timited company
,	Turnover as defined in the Private Security (Licence Fees) Regulations 2005 for latest
	12-month accounting period. (Auditor's Certificate required where relevant) Annual Accounting Period from DDMMYYY to DDMMYYY
	Annual Accounting Period from DDMMYYY to DDMMYYY

Licence(s) Required							
	.icence(s) Required tick ✓ as appropriate)	Standard Obtained	Turnover	Fee			
•	Door Supervisor (licensed premises) licence		E	Turnove	r Fee €		
•	Installer (intruder alarm) licence		€	Turnove	r Fee €		
	Security Guard (monitoring centre) licence		€	Turnove	r Fee €		
	Cash-in-transit: CIT (ATM) licence CIT (coin) licence		€	Tumove	r Fee €		
	CIT (other) licence CIT (point to point) licence						
		•	Total of Turnover Fees	:	€		
			Administration Fee:		€ 1,000		
			Total Fee Payable (Total of Turnever Fees + Adminis	station fee)	€		
	ethod of Payment (tick√as appropriate) nk Draft Postal Order Mo	ney Order	Cheque				
	× Clearance Certificate Details (enclose Tax Cl mber: Issue Date:	learance Certificate)	Expiry Date:				
	D D M	M Y Y	DDMM	ΥY			
Ha adj	evious Businesses s the applicant (if the applicant is a sole trader) or any o judicated bankrupt, or has any of the directors of the boo	ly corporate (if the app	dicant is a body corporate)	been a direc	tor or shadow		
director of any body corporate which has gone into liquidation during the 24 - month period prior to the date of this application in circumstances where the body corporate was insolvent at the date of the commencement of the liquidation?							
Yes No If yes please give details on a separate sheet.							

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Section B	To be complete	ed if applic	ant is	is a Partnership	
	& Contact Details for four partners, the addit	,		ne Partnership pe provided on a separate sheet)	
Partner Name & Ac	ldress:			Partner Name & Address:	
Tel No.				Tel No	<u></u>
Mobile No.				Mobile No.	무
E-Mail				E-Mail	
Partner Name & Ad	dress:		7	Partner Name & Address:	
Tel No.				Tel No.	
Fax No.				Fax No	
PPS No.	++++	1 1 1		Mobile No.	+
E-Mail				E-Mail	
Section C	To be complete	ed if applic	ant is	is a Company	
Company Details				.s a company	
Company Name					
Company Registra Office Number	tion		11		
(if applicable)					
Registered Office Address					
(if different from	1 1 1	1 1 1	1 1		

Licence Application Form - Page 4 Details of Company Secretary and Directors (additional information to be provided on separate sheet) Company Secretary Name & Address: Director Name & Address: Has this director, at any time in the last ten years, been made the subject of a restriction order or a disqualification order under the Companies Acts 1965 – 2005? Tel No. Tel No. Fax No. Mobile No. PPS No. E-Mail E-Mail Percentage Shareholding % % Percentage Shareholding Director Name & Address: Director Name & Address: Has this director, at any time in the last ten years, been made the subject of a restriction order or a disqualification order under the Companies Acts 1965 – 2005? Has this director, at any time in the last ten years, been made the subject of a restriction order or a disqualification order under the Companies Acts 1963 – 2005? Mobile No. Mobile No. PPS No. PPS No. E-Mail E-Mail Percentage Shareholding Percentage Shareholding Director Name & Address: Director Name & Address: Has this director, at any time in the last ten years, been made the subject of a restriction order or a disqualification order under the Companies Acts 1963 – 2005? Has this director, at any time in the last ten years, been made the subject of a restriction order or a disqualification order under the Companies Acts 1963 – 2005? Tel No.

Fax No. 1 1 1 1 1 1 1 1 1 1 1 Mobile No.____ PPS No. E-Mail Percentage Shareholding %

Fax No. Mobile No._ PPS No. E-Mail Percentage Shareholding %

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Shareholder Name & Address:	Shareholder Name & Address:
Tet No	Tet No. Fax No. E-Mail PPS No. Percentage Shareholding %
Shareholder Name & Address:	Shareholder Name & Address:
Tet No	Tet No
PPS No. Percentage Shareholding %	PPS No. Percentage Shareholding %
Section D Any Other Relevant Information of the relevant information you wish to supply in	

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Declaration

I declare that the information provided in this application as/on behalf of/the applicant is true and complete in every respect and that the applicant is fully compliant with all statutory obligations, including the Safety, Health and Welfare at Work Act 2005 and applicable regulations thereunder, the Organisation of Working Time Act 1997 and the Security Industry JLC Employment Regulation Orders where applicable.

I understand that it is an offence to supply misleading information in order to obtain a Private Security Authority Licence and that doing so may lead to the licence being refused or suspended and to a prosecution. I understand that information about the licence will be placed on a public register in accordance with section 33 of the

Private Security Services Act 2004. Applicant: BLOCK CAPITALS Signature: On behalf of applicant (For a partnership all partners are required to sign) Capacity: Date: Tel Number: In case of partnership, partner number two to sign below. Name: BLOCK CAPITALS Signature: Capacity: Date: Tel Number:

(If there are more than two partners the additional partner(s) should sign on a seperate sheet)

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Please use the checklist below to confirm that all necessary documentation is included with your

app	lication, as its non-inclusion may result in your application being rejected
En	closure Checklist
	Completed Application Form
	Prescribed Licence Fee
	Valid Tax Clearance Certificate(s)
	Certificate of Incorporation (for limited companies) dated not earlier than 4 weeks before the date of the application
	Certificate of Business or Trade Name where the business or trade name is not that of the beneficial owner of the business
	Auditor's Turnover Certificate (Note: If the application for a licence is made during the six-month period after the expiry of the latest financial period of the applicant, the turnover fee payable is calculated by reference to the turnover for the ordinary 12-month accounting period last preceding the latest financial period. In that case the applicant should provide an auditor's certificate (where relevant) in respect of that accounting period).
	Completed Garda Vetting Form for \underline{EACH} of the principals (Sole Traders, Partners or Directors) in the form made available by the Authority.
	All sole traders, partners and company directors who have spent six months or more in another jurisdiction will be required to provide a criminal record certificate from that jurisdiction.
	Evidence of attainment of the required standard(s)

The Minister for Justice, Equality and Law Reform consents to the making of these regulations.



GIVEN under my Official Seal, 25 January 2008

BRIAN LENIHAN, T.D.

Minister for Justice, Equality and Law Reform.



GIVEN under the seal of the Private Security Authority, 25 January 2008

MAURICE DOCKRELL Chairperson.

GERALDINE LARKIN Chief Executive.

EXPLANATORY NOTE

(This note is not part of the instrument and does not purport to be a legal interpretation.)

These Regulations prescribe the form of application for a licence under the Private Security Services Act 2004 and (b) the particulars to be included in the register of licensees.

BAILE ÁTHA CLIATH ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR

Le ceannach díreach ón

OIFIG DHÍOLTA FOILSEACHÁN RIALTAIS, TEACH SUN ALLIANCE, SRÁID THEACH LAIGHEAN, BAILE ÁTHA CLIATH 2 nó tríd an bpost ó

> FOILSEACHÁIN RIALTAIS, AN RANNÓG POST-TRÁCHTA, 51 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2

(Teil: 01 - 6476834/35/36/37; Fax: 01 - 6476843) nó trí aon díoltóir leabhar.

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PUBLISHED BY THE STATIONERY OFFICE

To be purchased directly from the GOVERNMENT PUBLICATIONS SALE OFFICE SUN ALLIANCE HOUSE, MOLESWORTH STREET, DUBLIN 2

or by mail order from

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