

Please use a black or blue pen ONLY. Print clearly within the boxes in CAPITAL LETTERS. If you are not required to give information in some sections of the application, leave the boxes blank – do not mark or cross them out.

## 1 LICENCE DETAILS (AS CURRENTLY HELD BY THE CAPI UNIT)

- 1.1 Provide the licence details as currently held by the CAPI Unit including the licence number, identity number (if known) and expiry date.
- 1.2 Indicate the licence activity(ies) you currently undertake.
- 1.3 **Complete this section only if the Master licence currently held is issued in your name.**  
**Last Name/Given Name(s)** - Print the full last name then the full given name as currently held by the CAPI Unit.  
**Date of Birth** – Print your date of birth.  
**Gender** – Specify your gender. Indicate **F** for female or **M** for male.  
**Driver Licence Number & State of Issue** – If you are the holder of an Australian driver licence, print your driver licence number and the State in which it was issued.  
**Daytime Contact Number** – Print your daytime contact number should we need to clarify any application details.
- 1.4 **Complete this section only if the Master licence is issued in a Corporation/Business name.**

## 2 TYPE OF AMENDMENT

Indicate the type of amendment you require in relation to your licence details and then complete the appropriate section. For any combination of a change of name and replacement licence, the maximum fee is \$50.00. If adding activities and any other combination of amendments, the maximum fee is \$65.00. If you change your name or add activities to your Operator licence you will be required to attend the RTA to receive your new licence. Once you have obtained this you must send your previous licence to the Registry.

## 3 LICENCE UPGRADE (INCREASE IN LICENSED EMPLOYEE NUMBERS)

Complete this section only if you require an increase in the number of licensees you are authorised to employ.

## 4 CHANGE OF LICENCE PARTICULARS

- 4.1 **Last Name/Given Name(s)** – Print your full last name then your full given name. You MUST supply a certified copy of evidence of your name change (if applicable). The name supplied must be identical to that shown on your driver licence.  
**Corporation/Trading Name** – Print the Corporation/Trading name. You MUST supply a certified copy of the ACN and/or BRN Certificate(s).
- 4.2 **Registered Office Address** – Print the current registered office address of the business including the street number and name, suburb, state and postcode.  
**Principal Business Address** – Print the current trading address of your business including the street number and name, suburb, state and postcode.  
**Postal Address** – Print the address where you wish any mail (in connection with this licence) to be sent.  
**Telephone Number (Business Hours)** – Print your day time telephone number.  
**Mobile Number or other** – Print your mobile/other telephone number (if applicable).  
**Email Address** – Print your email address (if applicable).
- 4.3 **Change activities of Master Licence** – Indicate the new full set of Master licence activity/activities you NOW require (ie. if you are applying to remove or add activity/activities to your existing licence).
- 4.4 **Change activities of Operator Licence** – Indicate the new full set of Operator Licence activity/activities you NOW require (ie. if you are applying to remove or add activity/activities to your existing licence). You must provide a certified copy of your qualifications for the activity/activities, where possible, or within 24 months of the issue of the licence activity/activities. Indicate if you have previously held a CAPI Operator Licence in the new activity/activities. You must also supply a certified copy of the licence in the new activity/activities if the licence was issued by a local court and current on the 1 May 2006. Licences issued by a local court and expired as at 1 May 2006 are not recognised under the CAPI Act 2004.

## 5 CHANGE OF CLOSE ASSOCIATE DETAILS

If you are ADDING a Close Associate, you must complete a "Close Associate Nomination" form. You must ensure that ASIC records are correct before submitting this application.

### 5.1 Change of current Close Associate details (this section as well as the Declaration must be completed by the Close Associate)

**Last Name/Given Name(s)** – Print your full last name then your full given name. You MUST supply a certified copy of evidence of your name change (if applicable).

**Residential Address** – Print the address where you currently reside, including your street number and name, suburb, State and postcode.

**Postal Address** – Print the address where you wish any mail (in connection with this licence) to be sent. If this address is the same as your residential address, please write 'AS ABOVE'.

**Telephone Number (Business Hours)** – Print your day time telephone number.

**Mobile Number or other** – Print your mobile/other telephone number (if applicable).

**Email Address** – Print your email address (if applicable).

### 5.2 Delete current Close Associate details

Complete this section only if you are deleting current Close Associate details from your Master licence. If deleting more than one Close Associate, you may photocopy this page.

**Last Name/Given Name(s)** – Print the full last name then the full given name of the Close Associate that you are deleting from your current Master licence records.

**Date of Birth** – Print the date of birth of the Close Associate.

**Position in the Corporation** – Print the position in the corporation that the Close Associate previously held.

**ASIC Records** – You must ensure that ASIC records have been updated with the changes. Tick the box provided to confirm that you have updated ASIC records.

## 6 REPLACEMENT LICENCE REQUEST

Complete this section only if your licence has been lost, stolen, destroyed, defaced or mutilated and you require a replacement master licence with NO changes to the details that appear on the licence or to the licence activity/activities. You must have first reported the incident to the Police Assistance Line and now quote the Event reference number.

## 7 APPLICATION FEE

Full payment as shown in Section 2 or 3 of this application (for the type of change you require) MUST accompany your application (if applicable). Payment can be made by cheque, money order (made payable to the NSW Police Force) or credit card. **Do not send cash.** Indicate your method of payment by ticking the appropriate box.

If you are paying by cheque or money order, please attach it securely to the application. If you are paying by credit card you must complete all the relevant details. MasterCard and Visa ONLY will be accepted.

## 8 RELEVANT DOCUMENTATION

**FOLLOW THE CHECKLIST TO ENSURE YOU INCLUDE ALL REQUIREMENTS THAT ARE APPLICABLE TO YOUR APPLICATION AS YOUR APPLICATION WILL BE RETURNED IF YOU HAVE OMITTED ANY DOCUMENTATION.**

- Certified copy of evidence to support change of name for Business or Close Associate (if applicable)
- Certified copy of relevant qualifications (to be supplied within 24 months of the issue of the licence activity/activities, if not lodged with this application for Operator Licence only) (if applicable)
- Certified copy of previous CAPI Licence issued by a local court and current on 1 May 2006 (if applicable)
- Full payment

## 9 DECLARATION - LICENSEE OR AUTHORISED COMPANY REPRESENTATIVE OR CLOSE ASSOCIATE

Do not complete this section until you have a Justice of the Peace (JP) present. The Declaration must be signed and dated by the licensee or an authorised representative (if Corporation) in the presence of a JP.

## 10 JUSTICE OF THE PEACE

The Justice of the Peace (JP) must witness your signature on the declaration and must sign and date the application and provide their full name, JP Number and the state in which they are registered.

If you are adding licensable activities to your Master or Combination Master/Operator Licence, the licence in the additional activities will have the same expiry date as the original licence. The exception is when a Probationary Operator Licence is issued for the additional activities which will be for a 12 month term.

**All applicants note: Holders of CAPI Licences are required to notify the CAPI Unit of any changes in the licensee's usual residential or business address within 14 days.**

**Completed Application Form to be forwarded to the CAPI Unit, Locked Bag 5099, Parramatta NSW 2124**



## 5 CHANGE OF CLOSE ASSOCIATE DETAILS

If you are ADDING a Close Associate, you must complete a "Close Associate Nomination" form. You must ensure that ASIC records are correct before submitting this application.

### 5.1 Change of current Close Associate details

NOTE: If you are changing more than one Close Associate, you may photocopy this page. The Declaration MUST be signed for all pages submitted. A certified copy of your marriage certificate/change of name certificate/revised birth certificate/deed poll MUST be provided to support the name change.

LAST NAME											GIVEN NAME/S															
RESIDENTIAL ADDRESS (BUILDING NAME IF APPLICABLE, NUMBER AND STREET ONLY – PO BOX NOT ACCEPTABLE)																										
SUBURB/TOWN																		STATE	POSTCODE							
POSTAL ADDRESS (IF SAME AS RESIDENTIAL ADDRESS, WRITE 'AS ABOVE')																		SUBURB/TOWN				STATE	POSTCODE			
TELEPHONE NO. (BUSINESS HOURS)						MOBILE NO. OR OTHER						EMAIL ADDRESS (IF APPLICABLE)														

Go to 7

### 5.2 Delete current Close Associate details

ASIC Records updated  If deleting more than one Close Associate, you may photocopy this page.

LAST NAME											GIVEN NAME/S										
DATE OF BIRTH		POSITION IN CORPORATION (DIRECTOR, MANAGER, SECRETARY, ETC.)																			

Go to 7

## 6 REPLACEMENT LICENCE REQUEST

I require a replacement Master Licence with NO changes

EVENT REFERENCE NUMBER

**E**

## 7 APPLICATION FEE

Payment by: CHEQUE  MONEY ORDER  CREDIT CARD (Complete details below)

Mastercard <input type="checkbox"/>	CREDIT CARD NUMBER	EXPIRY DATE (mm/yy)	AMOUNT \$
Visa <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARDHOLDER'S NAME (BLOCK LETTERS)		CARDHOLDER'S SIGNATURE	
<input type="text"/>		<input type="text"/>	

## 8 RELEVANT DOCUMENTATION

Please check that the following documentation is attached by using the checklist provided below. When copies are requested, each MUST be endorsed as a 'true and correct copy' by a Justice of the Peace.

Certified copy of evidence to support change of name for Business or Close Associate. Refer to Section 4 . . . . .	YES	N/A
Certified copy of relevant qualifications (to be supplied within 24 months of the issue of the licence activity/activities, if not lodged with this application for Operator Licence only) (if applicable) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Certified copy of previous CAPI Licence issued by a local court and current on 1 May 2006 (if applicable) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Full payment . . . . .	<input type="checkbox"/>	

## 9 DECLARATION - LICENSEE OR AUTHORISED COMPANY REPRESENTATIVE OR CLOSE ASSOCIATE

I, (Print full name)

- Consent to the disclosure by the relevant authority of information needed to verify any details I have given in this application.
- Certify that the information contained in this application is true and correct in every detail.  
(NOTE: Giving false or misleading information is a serious offence).
- Have attached all documents where requested by this application.
- Have attached a cheque or money order or supplied credit card details for the correct fee (if applicable).

SIGNATURE	DATE
<input type="text"/>	<input type="text"/>

## 10 JUSTICE OF THE PEACE (MUST WITNESS THE SIGNING OF THE ABOVE DECLARATION)

FULL NAME OF JUSTICE OF PEACE (JP)	JP NUMBER	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE OF JP	DATE	
<input type="text"/>	<input type="text"/>	