

Completion of Competency Units

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Security and Investigations Agents Act 2002

FEE: [refer to fee schedule](#)

Service Tasmania Product Code: 420

APPLICANT DETAILS

Surname:

Given Names:

Licence Number:

Address:

Email:

If you provide an email address you will receive the security industry bulletin

COURSE DETAILS

Please attach documentary evidence of completion of the approved units of competency

Training Provider:

Course Completed:

Date of Completion:

SIGNATURE

Following verification of completion of ALL the approved units of competency applicants will be issued with a replacement identity card. The new card will not display provisional.

PAYMENT

FILING FEE: Fees increase 1 July each year. The relevant fee must be submitted with this form.

For Current fee information refer to the Fee Schedule (available from the payments page at www.consumer.tas.gov.au).

LODGING THE FORM

LODGEMENT: made in person at Service Tasmania

PROCESSING TIME

Your application will be processed within 3 – 5 working days of receipt by Consumer Affairs & Fair Trading.

ENQUIRIES

Telephone: 03 6233 2199

Email: business.affairs@justice.tas.gov.au

Website: www.consumer.tas.gov.au

PERSONAL INFORMATION PROTECTION STATEMENT

Consumer Affairs and Fair Trading (CAFT) will collect personal information from you for the purpose of processing this application. You are required to provide this information by the *Security and Investigation Agents Act 2002*. Failure to provide this information may result in your application not being processed. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to other authorised organizations. Your basic personal information may be disclosed to other public sector bodies where necessary for the efficient storage and use of the information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to CAFT. You may be charged a fee for this service.

Date Received _____

Expiry Date _____

OFFICE USE ONLY

Licence Number _____

COMPLETION OF UNITS