



# Suitability Reference

SECURITY AND RELATED ACTIVITIES (CONTROL) ACT 1996

LICENSING ENFORCEMENT DIVISION

303 Sevenoaks Street Cannington, Western Australia 6107

Post: Locked Bag 9 East Perth WA 6892

Email: securitylicensing@police.wa.gov.au

Telephone: 1300 171 011

TO THE REFEREE - before you complete your reference, please read:

1. This form must be completed by YOU, the Referee in capital letters.
2. You are accountable for what you write and sign your name to and may be contacted by the police to verify your statements
3. You must provide your full name, address and contact number.
4. The witness must see you sign and date the reference (i.e. on the same day).
5. You must have known the applicant for a minimum of 5 years prior to the date of the licence application.
6. Electronic knowledge such as email and Facebook is not sufficient knowledge for you to provide a reference.
7. You cannot be a relative of the applicant by birth or marriage (includes defacto/partner).

**Note: if you cannot comply with all of the above do not supply this reference**

**You may be called upon to stand by this statement in an Australian Court and you may be prosecuted if you provide any false or misleading information.**

*REFEREE MUST PERSONALLY COMPLETE THIS FORM IN CAPITAL LETTERS*

## Reference Details

I (Your Name)

have personally known the applicant (Applicant's Name)

for a period of                      years                      months    (Must be a minimum of 5 years)

Your relationship to the applicant:

Where and how you met the applicant:

How frequently you have contact with the applicant:

List up to 5 characteristics (traits) which make them suitable to work in the Security Industry:



# Suitability Reference

SECURITY AND RELATED ACTIVITIES (CONTROL) ACT 1996

## LICENSING ENFORCEMENT DIVISION

303 Sevenoaks Street Cannington, Western Australia 6107

Post: Locked Bag 9 East Perth WA 6892

Email: [securitylicensing@police.wa.gov.au](mailto:securitylicensing@police.wa.gov.au)

Telephone: 1300 171 011

Examples you have observed which demonstrate the applicant's characteristics you have listed:

## Declaration

I declare that I am not related to the applicant by birth or marriage (includes defacto/partner)

I acknowledge that the particulars of this reference are true and correct and I make this acknowledgement knowing it is an offence against Section 51(1) of the Security and Related Activities (Control) Act 1996, to give information orally or in writing that a person knows to be false or misleading in a material particular or likely to deceive in a material way. Section 51 carries a maximum penalty of \$15,000.00.

Referee Name

Unit / Street Number

Street  
Name

Street  
Type

Suburb

State

Postcode

Mobile Phone

Other  
Phone

Email

Referee  
Signature

Date

Witness Details (Witness must be an independent person other than the applicant of referee)

Witness Name

Unit / Street Number

Street  
Name

Street  
Type

Suburb

State

Postcode

Mobile Phone

Other  
Phone

Email

Witness  
Signature

Date



# Suitability Reference

SECURITY AND RELATED ACTIVITIES (CONTROL) ACT 1996

LICENSING ENFORCEMENT DIVISION

303 Sevenoaks Street Cannington, Western Australia 6107

Post: Locked Bag 9 East Perth WA 6892

Email: securitylicensing@police.wa.gov.au

Telephone: 1300 171 011

TO THE REFEREE - before you complete your reference, please read:

1. This form must be completed by YOU, the Referee in capital letters.
2. You are accountable for what you write and sign your name to and may be contacted by the police to verify your statements
3. You must provide your full name, address and contact number.
4. The witness must see you sign and date the reference (i.e. on the same day).
5. You must have known the applicant for a minimum of 5 years prior to the date of the licence application.
6. Electronic knowledge such as email and Facebook is not sufficient knowledge for you to provide a reference.
7. You cannot be a relative of the applicant by birth or marriage (includes defacto/partner).

**Note: if you cannot comply with all of the above do not supply this reference**

**You may be called upon to stand by this statement in an Australian Court and you may be prosecuted if you provide any false or misleading information.**

*REFEREE MUST PERSONALLY COMPLETE THIS FORM IN CAPITAL LETTERS*

## Reference Details

I (Your Name)

have personally known the applicant (Applicant's Name)

for a period of                      years                      months (Must be a minimum of 5 years)

Your relationship to the applicant:

Where and how you met the applicant:

How frequently you have contact with the applicant:

List up to 5 characteristics (traits) which make them suitable to work in the Security Industry:



# Suitability Reference

SECURITY AND RELATED ACTIVITIES (CONTROL) ACT 1996

## LICENSING ENFORCEMENT DIVISION

303 Sevenoaks Street Cannington, Western Australia 6107

Post: Locked Bag 9 East Perth WA 6892

Email: securitylicensing@police.wa.gov.au

Telephone: 1300 171 011

Examples you have observed which demonstrate the applicant's characteristics you have listed:

## Declaration

I declare that I am not related to the applicant by birth or marriage (includes defacto/partner)

I acknowledge that the particulars of this reference are true and correct and I make this acknowledgement knowing it is an offence against Section 51(1) of the Security and Related Activities (Control) Act 1996, to give information orally or in writing that a person knows to be false or misleading in a material particular or likely to deceive in a material way. Section 51 carries a maximum penalty of \$15,000.00.

Referee Name

Unit / Street Number

Street  
Name

Street  
Type

Suburb

State

Postcode

Mobile Phone

Other  
Phone

Email

Referee  
Signature

Date

Witness Details (Witness must be an independent person other than the applicant of referee)

Witness Name

Unit / Street Number

Street  
Name

Street  
Type

Suburb

State

Postcode

Mobile Phone

Other  
Phone

Email

Witness  
Signature

Date