



**An tÚdarás Slándála Príobháidí**  
**The Private Security Authority**

# **CONTRACTOR'S APPLICATION PACK**

## **FIRST LICENCE APPLICATION FORM AND INSTRUCTIONS**

**PSA 45-N-2016**

**Oct 2024**



## READ BEFORE COMPLETING APPLICATION FORM

1. You must complete the application form in **black ink** and in **CAPITAL** or **UPPER CASE LETTERS**.
2. In addition to the information included in this document, more detailed information may be obtained on the Private Security Authority (PSA) website at [www.psa-gov.ie](http://www.psa-gov.ie)
3. Ensure to include **all** relevant documentation with your fully completed application form.  
*NOTE: Incomplete applications will be rejected and returned. See pages 6 and 7 of this document.*
4. Applicants for **Door Supervisor (Licensed Premises), Door Supervisor (Event Security), Security Guard (Static), Security Guard (Event Security)** or **Enforcement Guard** are required to submit, together with a fully completed application, evidence of competence to provide a security service as per Clause 3.1.4 of PSA 31:2023. Further details are available on our website [here](#) and via the following links:  
[PSA31 Information Pack](#)  
[PSA31 Licensing Requirements](#)
5. Applicants applying for a **Private Investigator** or **Locksmith** licence must provide evidence of competence. Before applying for certification and lodging your application with the PSA, you must contact the PSA by email to confirm you meet the competence requirement ([contractors@psa-gov.ie](mailto:contractors@psa-gov.ie)). **Evidence of competence** must be included with your completed application form as follows:
  - **Private Investigator** as per Clause 3.1.3 of PSA 42:2015. Details available [here](#).
  - **Locksmith** as per Clause 3.1.3 of PSA 55:2022. Details available [here](#).
6. A first-time applicant for an **Installer of Security Equipment (Access Control), Intruder Alarm** or **CCTV** licence must **provide evidence of competence to the relevant technical standard**. To obtain that technical standard, you must install Access Control, Intruder Alarm or CCTV systems. But to install an Access Control, Intruder Alarm or CCTV system without a licence is an offence under Section 37 of the Private Security Services Act. Therefore, you must **apply for and be issued with a PSA temporary licence** before installing any of those systems. You must make your temporary application in conjunction with an application for a full licence and include a letter from an auditing body confirming that you have registered for Access Control and/or Intruder Alarm and/or CCTV certification. A temporary licence is valid for six months and you must ensure that you complete the required number of installations during those six months. Failure to do so will result in your application being refused. More details about [temporary licences](#) are available at [psa-gov.ie](http://psa-gov.ie)
7. It is a requirement that all sole traders, partners in a partnership or directors, company secretary and shareholders with shares of 5% or greater complete **Garda vetting**.
8. Where a licence application is refused, there is no refund of the administration fee of €1000.

## SECTION A: GENERAL DETAILS - GUIDELINES

1. **Name of Applicant** – the name that will appear on the licence. It must be the name of the contractor (a trading name is not acceptable).

- A sole trader must give their full name.
- A partnership must include the name of each partner as per the partnership agreement.
- A company must give the company name only.

NOTE: For an application by an **Irish registered company**, a Certificate of Incorporation dated no earlier than four weeks before the date of application must be submitted. A Certificate of Incorporation may be obtained from The Companies Registration Office (CRO), Bloom House, Gloucester Place Lower, Dublin 1, phone (01) 8045200, <https://core.cro.ie>. Alternatively, you may download a duplicate certificate free of charge from CRO at <https://core.cro.ie>.

For an application by a **company registered in the United Kingdom, including Northern Ireland**, a Certificate of Incorporation from Companies House is acceptable.

For all **other foreign registered companies**, a Certificate of Incorporation from your country of registration and confirmation from CRO, Dublin that you have registered a branch in Ireland pursuant to EU (Branch Disclosure) Regulations 1993 is acceptable.

2. **Address** - Please enter the address and Eircode/postcode of the premises from which you trade. This is the address that will appear on the licence issued and on the register of licensed contractors. Your licence and all correspondence will be posted to this address.
3. **Business Name** - A business/trading name will appear below the applicant's name on the licence. An applicant, who is undertaking business under a name that is not that of the beneficial owner of the business, must provide a copy of a certificate of registration for that business name. The Certificate of Registration of Business Name is available from CRO, Bloom House, Gloucester Place Lower, Dublin 1, phone (01) 8045200, or <https://core.cro.ie>. For **UK and Northern Ireland applicants**, a Certification of Registration of Business name is **not required**.
4. **Contact Name** - Name of the person dealing with the application and whom the PSA will contact regarding the application and licence.
- 5-6. **Business Contact Number** and **Contact Person's Mobile Number** – Enter contact numbers as requested.
7. **Business E-mail Address** - Enter contact email address. The PSA will distribute their ezine and other licensing information to this address. Any **changes to this e-mail address must be notified to the PSA immediately**.
8. **PPS Number** and **Revenue Registration Number** - If the applicant is a sole trader, enter your PPS number. If the applicant is a partnership or a company, enter the Revenue Registration Number of the partnership or company.
9. **Number of Employees** - The number of persons employed by your business in Ireland.

## SECTION B: LICENCES REQUIRED - GUIDELINES

1. **Table 1 – Calculating Turnover** – You must enter the annual turnover for each sub-sector for which you are applying. (Projected turnover should **not** be included as turnover.)

**NOTE: Turnover** means the gross revenue (excluding value added tax (VAT)) of an applicant arising in the financial period in respect of the provision by the applicant of the security service or security services to which the licence or licences applied for relates or relate. For licensing purposes, you must state your annual turnover for the last 12 months for which you are legally obliged to submit accounts. Companies must provide an Auditor's Turnover Certificate that includes a breakdown of turnover for each type of sector required.

**Combined Turnover** - The turnover in each sector must be added together and inserted in box (A) in Table 1. The combined turnover is used to calculate the turnover fee and is based on the combined turnover of the contractor in each licensable security sector.

**NOTE:** If your business has **not traded to date**, your **turnover is Nil**.

The **turnover fees** for licences are as follows:

**Turnover Fee Table:**

| Turnover<br>(€) | Turnover Fee<br>(€) |
|-----------------|---------------------|
| <10             | 0                   |
| <300,000        | 250                 |
| <625,000        | 1,250               |
| <1,250,000      | 2,500               |
| <3,750,000      | 5,000               |
| <10,000,000     | 9,000               |
| <20,000,000     | 19,000              |
| >20,000,000     | 25,000              |

2. **Table 2 – Calculating Fee** – The **Total Fee Due** consists of two components – the **Turnover Fee (B)** and **Administration Fee (C)** of €1,000.

## SECTION C: SOLE TRADER, PARTNERS, DIRECTORS, COMPANY SECRETARY AND SHAREHOLDERS - GUIDELINES

- **Sole trader** – must enter their name, address, Eircode/postcode and contact details.
- **Partnership** - must enter the name, address and Eircode/postcode and contact details of all partners as per the partnership agreement.
- **Company** – must enter the name, address, Eircode/postcode and contact details of all directors, company secretary and shareholders with a shareholding of 5% or greater.

Ensure each sole trader, partner, director, company secretary and shareholder provides their own **personal email address** for Garda vetting purposes.

(Information for additional partners or directors and/or shareholders may be included on supplementary sheets.)

## SECTION D: OPERATOR DETAILS (PRIVATE INVESTIGATOR) - GUIDELINES

Before applying for a Private Investigator licence, you must email the PSA with evidence of competence as per PSA 42:2015, Clause 3.1.3 (details available [here](#)).

You must enter the name, address and Eircode/postcode of all employees (as defined in PSA Licensing Requirement - Private Investigators (PSA 42:2015)) engaged by you in the course of providing a Private Investigator service.

(Information for additional operators may be included on supplementary sheets.)

## SECTION E: BANK DETAILS – PAYMENT PROCESSING - GUIDELINES

NOTE: As per Government policy, the PSA no longer accepts bank cheques.

- To facilitate payment, the PSA's bank details are displayed in Section E of the application form.
- Enter the name of the applicant as it appears in Section A of the application form.
- Enter the payment transaction date and the amount paid.
- Sign and date the declaration confirming the licence fee was paid by electronic fee transfer (EFT).

## SECTION F: APPLICATION DECLARATION & CONSENT - GUIDELINES

The application must be read, signed and dated by:

- The applicant in case of a **sole trader**
- All partners in the case of a **partnership**
- The company secretary or managing director in the case of a **company**

Application forms must be **signed and dated within four weeks** of the application being lodged with the PSA.

## COMPLETED APPLICATION FORM

Post completed application form, evidence of payment and supporting documentation to:

**Contractor Licensing**  
**The Private Security Authority**  
**Davis Street**  
**Tipperary Town**  
**Co. Tipperary**  
**E34 PY91**

## DOCUMENTS TO ACCOMPANY APPLICATION FORM

The following documents must accompany the application form:

1. **Confirmation of EFT payment.**
2. Evidence of **current** and **valid Tax Clearance Certificate** (including Revenue Tax Clearance Access Number). If the company is not based in Ireland, applicants must email [nonrestaxclearance@revenue.ie](mailto:nonrestaxclearance@revenue.ie) and request its tax clearance certificate.
3. Companies must provide an **auditor's turnover certificate** or a **letter from their accountant** for the last 12 months for which they are legally obliged to submit accounts. This turnover should be broken down by sector. (Sole traders and partnerships must record their turnover in Table 1 of Section B.)
4. **Certificate of Incorporation** – Irish limited companies are required to provide a certificate of incorporation dated not earlier than the four weeks before the date of application. (Duplicate certificates may be downloaded free of charge from <https://core.cro.ie>)  
UK and Northern Ireland applicants must provide a certificate of corporation from Companies House.  
All other foreign registered companies must provide a certificate of incorporation from their country of registration.
5. **Certificate of Business Name** – applicants with a business or trade name, which is different to that of the beneficial owner of the business, must provide a certificate of business name. (For UK and Northern Ireland applicants, a Certificate of Registration of Business name is not required.)
6. **Partnership Agreement** – applicants must provide a copy of their partnership agreement or a letter from their solicitor confirming a signed partnership agreement is in existence and detailing the names of the partners and percentage held by each partner.
7. Foreign **criminal record certificate (CRC)** – all sole traders, partners, directors, company secretary and shareholders (with a holding of 5% or more) who lived outside of Ireland during the previous fifteen years of the licence application date and were aged sixteen and older, must provide a CRC from each jurisdiction in which they lived for more than six months. (English language translations of same, translated by approved translators, must be provided where applicable.)  
If you reside permanently in another jurisdiction, you need to include an up-to-date CRC(s) with your application.  
(NOTE: The PSA can request an up-to-date CRC at any time.)

## DOCUMENTS TO ACCOMPANY APPLICATION FORM (CONTD.)

8. **Evidence of attainment of required standard(s)** – all applicants must provide evidence of attaining the relevant operational standard(s) or a letter of registration from the approved auditing body.

### LICENCE TYPE AND ASSOCIATED STANDARD(S)

| CATEGORY OF LICENCE  | STANDARD(S) REQUIRED                 |
|--|--------------------------------------|
| Door Supervisor (Licensed Premises)  | PSA 28:2013                          |
| Door Supervisor (Event Security)   | PSA 39:2014                          |
| Security Guard (Static)  | PSA 28:2013                          |
| Security Guard (Event Security)  | PSA 39:2014                          |
| Installer of Security Equipment (Installation and Maintenance of Intruder Alarm) | EN50131-1, EN50131-7 and PSA 74:2019 |
| Installer of Security Equipment (Access Control)                                 | PSA 67:2021 and PSA 74:2019          |
| Installer of Security Equipment (CCTV)   | PSA 2006:12 and PSA 74:2019          |
| Security Guard (Alarm Monitoring)  | PSA 33:2014                          |
| Security Guard (CCTV Monitoring)   | PSA 33:2014                          |
| Cash-in-Transit  | PSA CIT2:2014                        |
| Private Investigator   | PSA 42:2015                          |
| Locksmith  | PSA 55:2022                          |
| Enforcement Guard  | PSA 91:2023                          |

## DOCUMENTS TO ACCOMPANY APPLICATION FORM (CONTD.)

**Auditing Bodies** – the following auditing bodies are approved by the PSA:

| NAME  | ADDRESS  | TEL. NO.            | EMAIL ADDRESS                | WEBSITE                 |
|---|--|---------------------|------------------------------|-------------------------|
| <b>SSAIB</b>  | 7-11 Earsdon Road<br>West Monkseaton<br>Whitley Bay<br>Tyne and Wear<br>NE25 9SX<br>United Kingdom | 0044 1912<br>963242 | ssaib@ssaib.co.uk            | ssaib.org               |
| <b>Management Systems Certification Ltd</b>                                   | First Floor<br>Canada House<br>Canada Street<br>Waterford<br>X91 K0NN                              | 051 445542          | info@mscert.ie               | mscert.ie               |
| <b>Amtivo (Ireland) Limited</b>   | Block 20A<br>Beckett Way<br>Parkwest Business Park<br>Dublin 12<br>D12 P8R2                        | 01 2707973          | info.ireland@amtivo.com      | amtivo.com/ie/          |
| <b>National Security Inspectorate (NSI)</b><br>Trading as:<br><b>CerticCS</b> | Sentinel House<br>5 Reform Road<br>Maidenhead<br>SL6 8BY<br>United Kingdom                         | 0044 1628<br>764885 | applications@nsi.org.uk      | nsi.org.uk              |
| <b>Stellar Certification Ltd</b>  | 10C Richmond Avenue<br>Fairview<br>Dublin 3  | 01 8101677          | info@stellarcertification.ie | stellarcertification.ie |

## CONTACT DETAILS

If you have any questions on the completion of this application form, please contact the Private Security Authority at:

**Email:** [contractors@psa-gov.ie](mailto:contractors@psa-gov.ie)

**Phone:** (062) 32600





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The Private Security Authority

## Application For a First Licence

Please comply with the instructions for completing this form as failure to do so may result in your application being rejected. The instructions are contained in the Guidelines which accompanied the application form. This form should be completed in **BLACK INK** and in **BLOCK CAPITALS**

Is Application for ☐ A Sole Trader ☐ Partnership ☐ Company ☐

### Section A: GENERAL DETAILS

1. Name of Applicant  
(Name to Appear on Licence)

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2. Address

(Address to which licence and correspondence to be sent)  
Note: this address will appear on the issued licence and the register of licensed contractors

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Eircode/Postcode

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3. Business Name

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(Business Name, if different from Name of Applicant. This name will also appear on Licence.)

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4. Contact Name

Name of person to whom all correspondence regarding this application and licensing matters will be sent

5. Business Contact Number

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6. Contact Persons Mobile Number

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7. Business E-mail Address

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8. PPS Number or Revenue  
Registration Number

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9. Number of  
Employees

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## Section B: LICENCES REQUIRED

**Table 1 - Calculating Turnover**

| Sector (tick all that apply)        | ✓ | Sector Turnover |
|-------------------------------------|---|-----------------|
| Door Supervisor (Licensed Premises) |   | €               |
| Door Supervisor (Event Security)    |   | €               |
| Security Guard (Static Guard)       |   | €               |
| Security Guard (Event Security)     |   | €               |
| Security Guard (Alarm Monitoring)   |   | €               |
| Security Guard (CCTV Monitoring)    |   | €               |
| Installer (Intruder Alarm)          |   | €               |
| Installer (Access Control)          |   | €               |
| Installer (CCTV)                    |   | €               |
| Cash In Transit (Coin)              |   | €               |
| Cash In Transit (ATM)               |   | €               |
| Cash In Transit (Point to Point)    |   | €               |
| Cash In Transit (Other)             |   | €               |
| Private Investigator                |   | €               |
| Locksmith                           |   | €               |
| Enforcement Guard                   |   | €               |
|                                     |   |                 |
| Combined Turnover                   |   | € (A)           |

**Table 2 - Calculating Fee**

Please refer to the fee table in application guidelines to calculate the Turnover Fee at (B) below.

|                      |        |           |
|----------------------|--------|-----------|
| Turnover Fee         | €      | (B)       |
| Administration Fee   | €1,000 | (C)       |
| <b>Total Fee Due</b> | €      | (B) + (C) |

*For further information on turnover requirements refer to the application guidelines.*

## Section C: DETAILS OF SOLE TRADER, PARTNERS, COMPANY SECRETARY, DIRECTORS &amp; SHAREHOLDERS

The Name, Address & Contact Details for the Sole Trader, each Partner, the Company Secretary, each Director and Shareholder must be provided below. Information on additional Partners, Directors and / or Shareholders should be provided on a separate sheet.

|                         |                                |                                |                      |                                |                                |                      |                                |                                |                                |                                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
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| Date of Birth           | <input type="text" value="D"/> | <input type="text" value="D"/> | /                    | <input type="text" value="M"/> | <input type="text" value="M"/> | /                    | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | Eircode/Postcode     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |
| Role                    | <b>Partnership</b>             |                                | Partner              | <input type="text"/>           | <b>Company</b>                 |                      | Company Secretary              | <input type="text"/>           | Director                       | <input type="text"/>           |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|                         | <b>Sole Trader</b>             |                                | <input type="text"/> | Shareholder                    | <input type="text"/>           | Enter % Shares Held  |                                | <input type="text"/>           | <input type="text"/>           | <input type="text"/>           |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

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| Personal E-mail Address  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth  |  |  |  |  |  |  |  |  |  |  |  |  |  | Eircode/Postcode  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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## Section C:

## DETAILS OF SOLE TRADER, PARTNERS, COMPANY SECRETARY, DIRECTORS &amp; SHAREHOLDERS

The Name, Address & Contact Details for the Sole Trader, each Partner, the Company Secretary, each Director and Shareholder must be provided below. Information on additional Partners, Directors and / or Shareholders should be provided on a separate sheet.

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| Name                    | <input type="text"/>   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address                 | <input type="text"/>   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phone No.               | <input type="text"/>   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Personal E-mail Address | <input type="text"/>   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth           | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |  |  |  |  |  |  |  |  | Eircode/Postcode <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Role                    | <div> <div>Partnership</div> <div>Partner <input type="checkbox"/></div> <div>Company</div> <div>Company Secretary <input type="checkbox"/></div> <div>Director <input type="checkbox"/></div> </div> <div> <div>Sole Trader <input type="checkbox"/></div> <div>Shareholder <input type="checkbox"/></div> <div>Enter % Shares Held <input type="text"/></div> </div> |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Name                    | <input type="text"/>   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address                 | <input type="text"/>   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phone No.               | <input type="text"/>   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Personal E-mail Address | <input type="text"/>   |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth           | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |  |  |  |  |  |  |  |  | Eircode/Postcode <input type="text"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Role                    | <div> <div>Partnership</div> <div>Partner <input type="checkbox"/></div> <div>Company</div> <div>Company Secretary <input type="checkbox"/></div> <div>Director <input type="checkbox"/></div> </div> <div> <div>Sole Trader <input type="checkbox"/></div> <div>Shareholder <input type="checkbox"/></div> <div>Enter % Shares Held <input type="text"/></div> </div> |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SECTION D: OPERATOR DETAILS

To be completed by PRIVATE INVESTIGATOR applicants ONLY

The Name, Address & Eircode for each Operator must be provided below.  
Information on additional Operators should be provided on a separate sheet.

Name

Address

Eircode/Postcode

Name

Address

Eircode/Postcode

Name

Address

Eircode/Postcode

**SECTION D: OPERATOR DETAILS**

**To be completed by PRIVATE INVESTIGATOR applicants ONLY**

The Name, Address & Eircode for each Operator must be provided below.  
Information on additional Operators should be provided on a separate sheet.

**Name**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Address**

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**Eircode/Postcode**

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**Name**

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**Eircode/Postcode**

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**Name**

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**Address**

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**Eircode/Postcode**

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## SECTION E: BANK DETAILS - PAYMENT PROCESSING

The prescribed licence fee must be paid through your bank by Electronic Fund Transfer (EFT) in accordance with the following conditions:

- Payments must be in Euros.
- The EFT details must contain the name of the applicant as provided in Section A of the application form.
- Details of the payment must be completed below.
- Payments must be made without charge to the payee.

**Note:** The PSA cannot be responsible for payments made into this account which cannot be identified.

### PSA EFT Bank Details

Account Name: PRIVATE SECURITY AUTHORITY

Bank: Bank of Ireland, Main Street, Tipperary Town

IBAN 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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BIC 

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### Payment Details

Name of Business making the payment 

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Date Payment Transferred 

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Amount of Payment € 

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I declare that payment for the licence fee has been transferred to the Private Security Authority's bank account as outlined above.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Section F: APPLICATION DECLARATION & CONSENT

### DECLARATION AND CONSENT

- I understand that the information provided in this application has been supplied in order to obtain a licence from the PSA. The PSA has sought the information in accordance with the provisions of the Private Security Services Acts and will process the information as provided for under the said Acts and in accordance with Data Protection Legislation. The PSA may, where provided for by the Private Security Services Acts, seek further information in connection with this application or in connection with any licence issued thereunder.
- I confirm that I have read and understand the contents of the application form. I declare that the information provided in this application is true and complete in every respect and that the applicant is fully compliant with all statutory obligations of the Private Security Services Acts and Regulations thereunder.
- I understand that under the Private Security Services Act 2004 as amended, 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 application being refused or the licence being suspended or revoked 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 as amended.
- I understand that it is my responsibility to advise the Private Security Authority of any changes to the details contained in this application including any changes which occur during the life time of any licence subsequently issued by the Authority. I am aware that failure to do so may result in the application being rejected or the licence being suspended or revoked.

Signature

Date

Print Name

Position in  
Business

**(In the case of a partnership, all partners are required to sign. One partner should sign above and the other partners below)**

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

**All application forms must be signed and dated within 4 weeks of the application being lodged with the PSA.**