



An tÚdarás Slándála Príobháidí
The Private Security Authority

CONTRACTOR'S ADD-ON PACK

(ADD SECTOR TO EXISTING LICENCE)

APPLICATION FORM

AND INSTRUCTIONS

PSA 45-A-2016

Dec 2025



READ BEFORE COMPLETING APPLICATION FORM

1. These guidelines are for contractors wishing to **add a sector(s) to an existing licence** only.
2. You must complete the application form in **black ink** and in **CAPITAL** or **UPPER CASE LETTERS**.
3. 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
4. For further assistance, you may contact the PSA at contractors@psa-gov.ie
5. Ensure to include all relevant documentation with your fully completed application form.
6. NOTE: Incomplete applications will be rejected and returned.
7. 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 31:2019. Further details available on our website [here](#) and at the following links:
[PSA 31 Information Pack](#)
[PSA 31 Licensing Requirements](#)
8. Applicants applying for a **Private Investigator**, **Locksmith**, **Supplier of Safes** or **Installer of Safes** must first email the PSA outlining their experience and **await confirmation from the PSA** that they may proceed with their application. When applying, they must include **evidence of competence** with their completed application form as follows:
 - **Private Investigator** as per Clause 3.1.3 of PSA 42:2015
 - **Locksmith** as per Clause 3.1.3 of PSA 55:2022
 - **Installer of Safes** or **Supplier of Safes** as per Clause 3.1.4 of PSA 74:2019*.

*NOTE: Holders of a current Locksmith licence are not required to meet PSA 74:2019.
9. 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
10. When the PSA is in receipt of a completed application form, a **Garda vetting** invitation is emailed to each individual's personal email account. The vetting must be completed and submitted online promptly thereafter and is subsequently forwarded to the National Vetting

READ BEFORE COMPLETING APPLICATION FORM (CONTD.)

Bureau (NVB) for processing. Licences are issued when vetting has been processed by the NVB and the results are acceptable to the PSA.

NOTE: Section 11 (1)(f) of the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 exempts the PSA from the provisions of that act. Therefore, all licence applicants must **disclose all previous offences** regardless of the nature of the conviction or the outcome of the court case. Failure to do so may result in an application being refused.

11. 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: A Certificate of Incorporation is not required if there has been no change in the company registration details since the original licence application was lodged with the PSA.

2. **Address** - 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.

Eircode/Postcode - Enter the Eircode/postcode of the premises from which you trade.

3. **Business Name** - A business/trading name will appear below the applicant's name on the licence. NOTE: A Certificate of Business Name is not required if there has been no change in details since the original licence application was lodged with the PSA.

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, please enter your PPS number.
If the applicant is a partnership or a company, please 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

Table 1 – Calculating Turnover

1. In the **Calculating Turnover** table, select each sector you require on your new licence.
(NOTE: you must select the sector(s) already on your existing licence and the additional sector(s) you require.)
2. 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. The licence fee for the additional sector is based on the unused period of the existing licence and the combined turnover for all sectors including the add-on (if any).

Table 2 – Calculating Fee

To determine the unused period of a licence, you need to calculate the number of months since the licence was issued (a licence is valid for two years and part of a month is considered a full month.) Subtract that number from 24 to obtain the number of unused months.

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

Unused Period (Months)	Admin Fee €	Fee Payable %	Turnover (€)						
			€ <300k	€ <€625k	€ <1.25m	€ <3.75m	€ <10m	€ <20m	€ >20m
0-3	1,000	100	250.00	1,250.00	2,500.00	5,000	9,000	19,000	25,000
4-6	875	87.5	218.75	1,093.75	2,187.50	4,375	7,875	16,625	21,875
7-9	750	75	187.50	937.50	1,875.00	3,750	6,750	14,250	18,750
10-12	625	62.5	156.25	781.25	1,562.50	3,125	5,625	11,875	15,625
13-15	500	50	125.00	625.00	1,250.00	2,500	4,500	9,500	12,500
16-18	375	37.5	93.75	468.75	937.50	1,875	3,375	7,125	9,375
19-21	250	25	62.50	312.50	625.00	1,250	2,250	4,750	6,250
22-24	125	12.5	31.25	156.25	312.50	625	1,125	2,375	3,125

SECTION B: LICENCES REQUIRED - GUIDELINES (CONTD.)

Example: On 01 March 2022, a contractor wishes to add a new sector to a licence issued on 01 September 2021. To calculate the new licence fee, the applicant must determine the:

- Unused period on the existing licence – in this case, seventeen months, which corresponds to an administration fee of €375 (see below)
- Combined turnover, which in this instance is <€300k and as per the **Turnover (€)** table equates to a turnover fee of €93.75
- Therefore, as per the [Administration and Turnover Fee](#) table, the cost of the new two-year licence is €375 + €93.75 = **€468.75**

Unused Period (Months)	Admin Fee €	Fee Payable %	Turnover (€)						
			€ <300k	€ <€625k	€ <1.25m	€ <3.75m	€ <10m	€ <20m	€ >20m
0-3	1,000	100	250.00	1,250.00	2,500.00	5,000	9,000	19,000	25,000
4-6	875	87.5	218.75	1,093.75	2,187.50	4,375	7,875	16,625	21,875
7-9	750	75	187.50	937.50	1,875.00	3,750	6,750	14,250	18,750
10-12	625	62.5	156.25	781.25	1,562.50	3,125	5,625	11,875	15,625
13-15	500	50	125.00	625.00	1,250.00	2,500	4,500	9,500	12,500
16-18	375	37.5	93.75	468.75	937.50	1,875	3,375	7,125	9,375
19-21	250	25	62.50	312.50	625.00	1,250	2,250	4,750	6,250
22-24	125	12.5	31.25	156.25	312.50	625	1,125	2,375	3,125

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 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.

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 this Section E.
- 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. **Original PSA licence** must be returned to facilitate the addition of the new sector(s).
2. **Confirmation of EFT payment.**
3. 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 and request its tax clearance certificate.
4. 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.)
If the existing or current licence was **issued more than fifteen months ago**, you must **provide up-to-date turnover figures** for all sectors on your licence.
5. Certificate of Incorporation and Certificate of Business Name certificates **if applicable**.
6. Foreign **criminal record certificate** (CRC) – all **new** 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 add-on 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 also where applicable.)
If you reside permanently in another jurisdiction and were resident there when the previous licence was issued, you need to include up-to-date CRC(s) with your add-on application.
(NOTE: The PSA can request an up-to-date CRC at any time.)
7. **Evidence of attainment of required standard(s)** – provide evidence of attaining the relevant 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 PSA 80:2025 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)	PSA33:2014
Cash-in-Transit	PSA CIT2:2014
Private Investigator	PSA 42:2015
Locksmith	PSA 55:2022
Enforcement Guard	PSA 91:2023
Installer of Safes	PSA 94:2024 and PSA 74:2019*
Supplier of Safes	PSA 94:2024 and PSA 74:2019*

*NOTE: Holders of a current Locksmith licence are not required to meet PSA 74:2019.

**NOTE: PSA 80:2025 is the Standard required for those who install, service, maintain or repair Powered Gates.

DOCUMENTS TO ACCOMPANY APPLICATION FORM (CONTD.)

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

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

Phone: (062) 32600



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

Current PSA Licence No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expires	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1. Name of Applicant
(Name to Appear on Licence)

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Business Name

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

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

4. Contact Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of person to whom all correspondence regarding this application and licensing matters will be sent

5. Telephone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. Mobile Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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7. E-Mail Address

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

8. PPS Number or Revenue
Registration Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of
9. Employees

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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		€
Installer of Safes		€
Supplier of Safes		€
Combined Turnover		€ (A)

Table 2 - Calculating Fee

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

Unused Months on Licence		
Turnover Fee	€	(B)
Administration Fee	€	(C)
Total Fee Due	€	(B) + (C)

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

Section C: DETAILS OF SOLE TRADER, PARTNERS, COMPANY SECRETARY, DIRECTORS & 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.

Name	<input type="text"/>																																		
Address	<input type="text"/>																																		
Phone No.	<input type="text"/>				-	<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"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Eircode/Postcode	<input type="text"/>									
Role	Partnership		Partner		<input type="checkbox"/>		Company		Secretary		<input type="checkbox"/>		Director		<input type="checkbox"/>		Sole Trader		<input type="checkbox"/>		Shareholder		<input type="checkbox"/>		Enter % Shares Held		<input type="text"/>		<input type="text"/>		<input type="text"/>				
Since the issue of your current licence have convictions been recorded against you in Ireland or any other jurisdiction.																														Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	

Name	<input type="text"/>																																		
Address	<input type="text"/>																																		
Phone No.	<input type="text"/>				-	<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"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Eircode/Postcode	<input type="text"/>									
Role	Partnership		Partner		<input type="checkbox"/>		Company		Secretary		<input type="checkbox"/>		Director		<input type="checkbox"/>		Sole Trader		<input type="checkbox"/>		Shareholder		<input type="checkbox"/>		Enter % Shares Held		<input type="text"/>		<input type="text"/>		<input type="text"/>				
Since the issue of your current licence have convictions been recorded against you in Ireland or any other jurisdiction.																														Yes	<input type="checkbox"/>		No	<input type="checkbox"/>	

Section C DETAILS OF SOLE TRADER, PARTNERS, COMPANY SECRETARY, DIRECTORS & 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.

Name	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																									
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Role	<div> Partnership Partner <input type="checkbox"/> Company Secretary <input type="checkbox"/> Director <input type="checkbox"/> </div> <div> Sole Trader <input type="checkbox"/> Shareholder <input type="checkbox"/> Enter % Shares Held <div><div></div><div></div><div></div></div> </div>																									
Since the issue of your current licence have convictions been recorded against you in Ireland or any other jurisdiction Yes <input type="checkbox"/> No <input type="checkbox"/>																										

Name																											
Address																											
Phone No.																											
Personal E-mail Address																											
Date of Birth														Eircode/Postcode													
Partnership <input type="checkbox"/> Partner <input type="checkbox"/> Company <input type="checkbox"/> Secretary <input type="checkbox"/> Director <input type="checkbox"/>														Sole Trader <input type="checkbox"/> Shareholder <input type="checkbox"/> Enter % Shares Held <input type="text"/>													
Since the issue of your current licence have convictions been recorded against you in Ireland or any other jurisdiction. Yes <input type="checkbox"/> No <input type="checkbox"/>																											

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 Employee 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 Employee Should Be Provided On A Separate Sheet.

Name

Address

Eircode/Postcode

--	--	--	--	--	--	--	--

Name

Address

Eircode/Postcode

--	--	--	--	--	--	--	--

Name

Address

Eircode/Postcode

--	--	--	--	--	--	--	--

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

I	E	6	7	B	O	F	I	9	0	6	1	0	1	1	3	1	7	0	7	7	0
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BIC

B	O	F	I	I	E	2	D
---	---	---	---	---	---	---	---

Payment Details

Payment Reference on bank transfer

Date Payment Transferred

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Payment

€			,			
---	--	--	---	--	--	--

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.
- I acknowledge that the Private Security Authority shall request that the National Vetting Bureau issue an e-vetting application to the personal e-mail address(es) provided.

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

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