

APPLICATION FOR VEHICLE INSTALLER MEMBERSHIP

EMPLOYERS COMPANY DETAILS

Trading name:

Postal address:

.....

.....

Street address:

.....

.....

Telephone number: Fax number:

Email address:

Web site address:

INSTALLER DETAILS

Full Name:

Preferred Name (ie for ID Badge):

Home address:

.....

Home Telephone number:

Mobile Number:

Personal email address:

Time period employed at current business:mths/yrs

Previous employers in last 5 years:

1: for mths/yrs

2: for mths/yrs

3: for mths/yrs

4: for mths/yrs

I have installed car alarms in **New Zealand** for month(s) / year(s)

I have fitted approximately alarm units over this time period

I give permission for the NZSA to contact my previous employers.

Above information true and correct(Installer Signature)

DECLARATION:

- I/we authorise any person or company to provide you with such information as you may require in response to your membership enquires. I/we further authorise you to furnish to any third party details of this application and any subsequent dealings that I/we may have with you as a result of the application being actioned by New Zealand Security Association.

I/We have attached the following: (please tick)

- This application form
- Ministry of Justice form (Copies/faxes of the completed form are not acceptable – you must send in the original)**
 - Section 1 must be completed by applicant
 - Section 2 to be completed by the NZSA (**Note the Third Party is New Zealand Security Association (Inc.)**)
 - Section 3 must be completed by applicant
- Current identification to accompany Ministry of Justice form (Section 3) (e.g. Drivers Licence or Passport)
- 1 x Passport size photo for ID card (alternatively you can also e-mail us a photo to info@security.org.nz, the file needs to be in jpg format)
- Installer application fee \$51.75 (\$45 + GST)

We will not be able to process your application, if the required documents are not included. Any queries please call the NZSA. 09 486 0441 or email info@security.org.nz

OWNER / MANAGER SIGNATURE:

DATE:/...../.....

Signature:

Print Name:

Title:

Please Note:

Completion of this application for NZSA Membership does not confer any special rights or privileges on the applicant. **Membership of the Association commences only after receipt of the current subscription and Membership Certificate issued by the NZSA.** Applicants for membership of the NZSA should not imply or infer that membership of the Association will be granted to them. Once you have completed all documentation your application will be considered by the Special Interest Group – Vehicle Security committee at their next meeting.

Privacy Act

The Association could from time to time supply names and addresses and services provided of its members to relevant person or organisations. It only does this if it thinks it is in the interest of members. If you do not want your name and address supplied in this way please advise.



Privacy Unit
 Ministry of Justice
 National Office
 P O Box 2750
 WELLINGTON

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

- Pre-employment vetting
- Insurance Claims vetting
- Other (specify)

Membership

Tick the report required:

- All convictions report
- Traffic Convictions Report

Signature of subject and date

X

X

I wish to receive a copy of the information provided to the Third party.

Yes / No

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

New Zealand Security Association (Inc)

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

Third Party Address Details

P.O. Box or Street Address

PO Box 33-936

Suburb

Takapuna

City

North Shore

State / Province

Post Code

0740

Country

New Zealand

Signature of Third Party

X

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

Personal Details

Surname

First Name

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female / Indeterminate)

Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

Postal AddressP.O. Box or
Street Address

Suburb

City

State / Province

Post Code

Country

Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

SECTION 3: SUBJECT'S DETAILS (continued)

Priv/F2

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT
Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for years and vouch for his/her identity

X

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.