



Application Identification Number:
SPA _____ (Issuing Body Use Only)

Maritime Security Identification Card MSIC APPLICATION FORM

(as from 1 August 2017)

PART A: APPLICANT INFORMATION

MSIC Application Type: (tick one box only)

- Provisional MSIC** Tick this box if you are under 18 years of age.
When you turn 18 you must apply for a Standard MSIC.
Under 14 Years of age : Guardian Consent required for national security assessment.
14/17 Years of age: The Applicant consents to the required national security assessment by signing the following "Declaration" on this application form.
- Standard MSIC** Tick this box to apply for a Standard blue MSIC for the first time.
Current Provisional MSIC Number (if applicable): _____ Expiry: ____ / ____ / ____
- Renewal of a Standard MSIC** Tick this box if you have held a Standard MSIC before.
Current MSIC Number: _____ Expiry: ____ / ____ / ____
- MSIC based on your ASIC** Tick this box if you currently hold an ASIC.
Your MSIC will expire on the same date as your ASIC.
Current ASIC Number: _____ ASIC Issuing Body: _____ Expiry: ____ / ____ / ____

CARD TYPE: (Tick one box only)

- Provisional MSIC (\$129.00)** **2 Year MSIC (\$250.00)** **4 Year MSIC (\$350.00)**

PERSONAL DETAILS:

Title: Mr /Mrs /Ms /Miss Date of Birth: ____ / ____ / ____ (Circle) Male / Female

Surname: _____ First & Middle Names: _____

Phone (mobile): _____ (home): _____ (work): _____

Email: _____

Any Previous Names (If different to above): _____
(Include all name changes/maiden name)

Birth Town: _____ Birth State: _____ Birth Country: _____

NOTE: Do **NOT** provide your residential address (below) if you are a law enforcement officer, any officer or employee of ASIO or an employee of a Commonwealth authority.

Current Permanent Residential Address:

Street No: _____ Street: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____ I have lived at this address since (date): _____

Have you lived at this address for the last 10 years? (Circle) Yes / No

If not, please provide details of all permanent residential addresses over the last 10 years (most recent first).

Note: Please provide unit / no. and type of street)

Unit / No.	Street	Suburb/City	Postcode	State	Country	Dates: From / To
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If this space is not sufficient, please attach a list showing the above information.

Postal Address (If different to residential address): Date from: _____

Street No / PO Box: _____ Street: _____

Suburb: _____ State: _____ Postcode: _____

DECLARATION:

I have read and agree to be bound by the *Conditions of Use* of an MSIC and Access to Southern Ports, and:

1. I consent to all relevant information being forwarded to Auscheck for the purpose of background checking and assessing my suitability to be issued with an MSIC now and again in 2 years' time if I am applying for a 4 year card;
2. I consent to my personal details being forwarded by Auscheck to the Australian Security Intelligence Organisation (ASIO) and CrimTrac for the purpose of conducting a security assessment;
3. I understand that my background check will be measured and assessed against a set of Maritime Security Relevant Offences, as listed on the OTS website (see www.infrastructure.gov.au) and that I must inform the Southern Ports in writing if I do not consent to the automatic second year check being conducted, and that my card will be cancelled if I withdraw my consent;
4. I understand that if I change any part of my name, employer details or contact and address information, I am required to advise Southern Ports within 30 days of the change;
5. I understand that if I receive a conviction relevant to Point 3 (above) after having received my MSIC, I am required to immediately notify Southern Ports port where my MSIC was issued or I may receive a penalty;
6. I acknowledge that AusCheck may retain a record of MSIC applicants and that any information provided by me in this form or by ASIO or CrimTrac as a result of the background check may be taken into account by Auscheck in assessing my suitability to receive an MSIC; and
7. I certify that the personal information I have provided within this form pertains specifically to me and is correct.

This declaration must be signed in the presence of a MSIC Issuing Body staff member:

Signed: _____

Date: ____/____/____

EMPLOYMENT DETAILS:

Employer's Name: _____

Name of contact person (Both first & last names): _____

Business Address: _____

Phone No: _____ Email Address: _____

Fax No: _____ Mobile No: _____

What is your occupation?: _____

What is your operational need to hold an MSIC? _____

How often do you need to access the Port? _____

Note: These details to be verified in writing from your Employer on letterhead.

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APPLICATION FORM Part B & C

PART B: DOCUMENTS <i>(Issuing Body Use Only)</i>	
Evidence of "Demonstration of Need" for an MSIC	
1.	Satisfactory evidence provided
2.	Where applicable, original documents retained
Documents showing identity	
1.	Category A <input type="checkbox"/> Category B <input type="checkbox"/> Category C <input type="checkbox"/> Category D <input type="checkbox"/>
3.	Photocopy of all documents received and date stamped
Documents showing authority to work in Australia	
1.	Original documents sighted / satisfactory evidence provided
2.	Photocopy of all documents received and date stamped
Evidence of Aviation Security Identification Card (ASIC)	
1.	Original ASIC sighted
2.	Photocopy of ASIC received and date stamped
Evidence of Consent from Guardian for Under 14 year old background check	
1.	Original consent document sighted
2.	Photocopy of consent received and date stamped

PART C: SP SAFETY AND SECURITY AWARENESS INDUCTION <i>(Issuing Body Use Only)</i>	
	Applicant has viewed SPA Port safety / security induction / DVD and signed the statement confirming this. Date induction completed ____/____/____
	Details added to SPA Port Induction Database
	SPA Port access approved / not approved
Signed:	Date:

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APPLICATION FORM Part D, E, F

PART D: PAYMENT OPTIONS		Individual / Group
<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Invoice
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Volunteer	
<i>Cheques are to be made payable to the Southern Ports</i>		
Provisional MSIC = \$129.00 (under 18 years of age)	2 Year MSIC = \$250.00	4 Year MSIC = \$350.00

PART E: CARD ISSUE

MSIC Application Number

SPA _____

Card Number:

MSIC Expiry Date Check

Applicant is under 18, and/or applicant has a temporary work visa, and/or applicant is applying for an MSIC based on their ASIC. Calculated MSIC expiry date the earliest date of the:

- a) applicant's date of 18 birthday (dd/mm) plus 6 months
- b) expiry date of the work visa _____/_____/_____
- c) ASIC expiry date

OR Applicant is none of the above.
MSIC expiry date must be 2 or 4 years from the date when relevant criminal records check conducted by AusCheck is completed _____/_____/_____

Identification sighted (please write ID details): _____

Authorisation to Issue:

Signed: _____ **Date:** _____
(for Issuing Body)

Collected by applicant:

Signed: _____ **Date:** _____
(Applicant)

PART F: RETURN OF PREVIOUS MSIC

MSIC No: _____

Card # : _____ (on back of card)

Date returned: _____

Signature of MSIC holder: