



# APPLICATION FOR A NATIONAL POLICE CERTIFICATE (NPC)

PD267

POSTAL ADDRESS: Records Release Unit, SA Police  
GPO Box 1539, ADELAIDE SA 5001

PHONE: 08 8204 2455

FAX: 08 8204 2307

PERSONAL INFORMATION

Family Name: (Mr, Mrs, Miss, Ms, Dr)..... Date of Birth...../...../.....

Given Name:..... Middle Name(S):..... Sex:  Female  Male

Previous Names: Family Name:..... Given Name:..... Middle Name:.....

Place of Birth (Suburb/City): ..... State: ..... Country:.....

Current Address: ..... Suburb: ..... Postcode: .....

Postal Address:..... Suburb:..... Postcode:.....

Previous Address:..... Suburb:..... Postcode:.....

Telephone: (H)..... (W) ..... (Mob).....

PROOF OF IDENTITY

Proof of identity is required and originals must be presented to a SAPOL employee when you submit the Application. A copy of the documents must be attached to this application. Please refer to 'Important Information' re: 100 Point Identity Check.

Applicant must provide at least one of the following:

**Category A:**  Passport (current or expired within 2 years) **70 Points**  Birth Certificate (or extract) **70 Points**  
 Citizenship Certificate (or certified paper) **70 Points**  Driver's Licence **40 Points**

*and (if necessary to make up 100 points) at least one more of Cat B:*

**Category B:**  Centrelink Card **40 Points**  Medicare Card **25 Points**  
 Tertiary Education ID Card **40 Points**  Proof of Age Card **25 Points**  
 Other (Please state) \_\_\_\_\_

All documents must have the same name, if not applicant must provide proof of name change eg deed poll, marriage certificate etc. A copy must also be attached to this application.

REQUEST

**Reason for Request**

Employment  Volunteer Work  Student  Visa (check if fingerprints required)  Driver/Taxi Accreditation  
 Insurance  Other.....

**Type of Request**

I  Individual  IC Individual Concession  VP Volunteer  VC Volunteer (Vulnerable Groups)  
*All volunteer checks must have the authority section on the next page completed*

Fingerprints taken for this application: NO  YES  (if YES, Additional fee applies - securely attach F/P to PD267)

PAYMENT

**SAPOL USE ONLY**

I hereby certify appropriate fees have been paid or VOAN number provided, I witnessed the applicant's signature and am satisfied as to the correctness of the identity of the applicant - a copy of identification documents are attached.

Employee's Name:..... ID No:..... Initials:.....  
Date:...../...../..... Amount Paid: \$..... or if VOAN ..... Receipt No:.....



CHECK RESULTS

**RECORDS RELEASE UNIT ONLY**

NSW  .....  SA Active  Pending  
VIC  .....  SA Inactive  Warrants  
QLD  .....  Wanted  
WA  .....  
NT  .....  
TAS  ..... Clerk: ..... QA: .....  
ACT  .....

PLEASE COMPLETE BOTH SIDES  
A FEE MUST ACCOMPANY THIS FORM IF A 'VOAN' IS NOT PROVIDED

I.....(GIVEN NAME and FAMILY NAME in BLOCK LETTERS) hereby:

- Consent to the release of full details of any person history and any other relevant information that any Australian State / Federal / Territories Police or Law Enforcement may have in its possession with reference to me. This includes any convictions imposed on me that are spent or rehabilitated (however described) under State / Territory / Federal Legislation. I acknowledge without this consent being provided, spent or rehabilitated convictions with in certain States may not be disclosed.
- Agree, should there be any doubts as to my identity, to voluntarily submit to a set of fingerprints suitable for the requirements of the fingerprint experts.
- Acknowledge that I have read the important information provided with this form.
- Certify that the personal information provided on both the front and back of this form relates to me and is correct.
- Release and discharge and agree to indemnify and hold harmless the State of South Australia, each of the Australian States / Federal / Territory Police or Law Enforcement Agencies and their employees, servants and agents from against all claims, demands, actions, suits, proceedings, costs and damages whatsoever arising out of or in any way connected with the release or use of the information.

**Applicant** Signature.....Date:...../...../.....

**Guardian** Signature (if applicant under 16 years of age):.....Date:...../...../.....

**Mail to postal / residential address of applicant** I..... hereby authorise my National Police Certificate be mailed to the postal / residential address indicated overleaf by Australia Post via standard postal service. I understand this is undertaken at the applicant's own risk. SAPOL holds no responsibility for any loss which may occur.

**APPLICANT** Signature:.....Date:...../...../.....

**Mail to Other Person / Organisation** I..... hereby authorise my National Police Certificate be mailed to the following person and address by Australia Post via standard postal service. I understand this is undertaken at the applicant's own risk. SAPOL holds no responsibility for any loss which may occur.

Company Name: .....

Postal Address:.....Suburb.....Postcode:.....

Attention of:.....Position.....

**APPLICANT** Signature:.....Date:...../...../.....

**Collect in person** from:.....Police Station.

Telephone number to advise collection is: (H).....(W).....(Mob).....

**3rd Party Collection** I.....hereby authorise my National Police Certificate to be collected by: Family Name:.....Given Name.....

Address.....Suburb.....Postcode:.....

Telephone number to advise collection is (H).....(W).....(Mob).....

**APPLICANT** Signature:.....Date:...../...../.....

For a volunteer to be eligible to receive a fee waiver or reduced fee the following section must be completed by the organisation, this declaration will be subject to regular audits.

**VOLUNTEER REDUCED FEE**

I declare that a reduced fee is to be paid:

- the applicant named on this form will be working in the capacity of a volunteer
- the service provided by the organisation provide charity or community service good

**VOLUNTEER FEE FUNDED BY GOVERNMENT, WORKING WITH VULNERABLE GROUPS**

I declare that the volunteer is an 'eligible volunteer' and the fee is to be paid by the South Australia Government:

- the applicant named on this form will be working in the capacity of a volunteer having personal contact with vulnerable groups
- the service provided by the organisation provide charity or community service good
- this organisation is authorised by SAPOL to obtain this funding and a VOAN is supplied
- VOAN.....

Volunteer Organisation:.....Organisation Representative.....

Signature:.....Position:.....Date:...../...../.....

**PLEASE COMPLETE BOTH SIDES  
A FEE MUST ACCOMPANY THIS FORM IF A 'VOAN' IS NOT PROVIDED**