

Emergency Appointment

PRIVATE SECURITY PERSONNEL LICENSING AUTHORITY



When to use this form

Use this form to notify the Licensing Authority of any emergency appointment(s) or apply to the Licensing Authority to extend an emergency appointment, when the employee has previously been appointed as an emergency appointment for a period of 2 weeks.

You can make an emergency appointment provided the following applies:

- The person you're appointing must already have applied for a certificate of approval and paid the fee.
- You have a real need to engage an emergency appointee. This need will have arisen due to illness or an emergency and you have insufficient staff who hold a certificate of approval.
- You should be satisfied that
 - The person has no grounds for disqualification that apply to them
 - The person is not currently charged with an offence that would be grounds for disqualification if they were convicted
 - To the best of your knowledge the information supplied in their application is true and correct
- The Licensing Authority has been notified before the emergency appointment has been made.
- The person has not been employed on an emergency appointment previously for a period of two weeks or more (unless you have gained the approval of the Licensing Authority prior to making the appointment).

Completing this form

- Print clearly in CAPITALS
- Use a black pen or blue pen to complete this form
- Answer every question on the form unless the instructions tell you otherwise

Payment information

There is no filing fee with this application.

Application process

In normal circumstances it will take 3 working days to hear the outcome of your application.

Important information

If you provide false or misleading information to the Licensing Authority, you may be liable for a fine of up to \$20,000 upon summary conviction.

You must immediately stop a person from undertaking any work for which a certificate is required if instructed in writing by the Licensing Authority.

All personal information provided to the PSPLA will be dealt with in accordance with the Privacy Act 1993.

Step 1. Application details

If you have a licence, what is your licence number?

Licence number: _____

If you are licensed and have entered your licence number above, move on to Step 2.

Please provide your full name below if you do not have a licence and employ crowd controller employees (crowd controller employees are sometimes known as doormen or bouncers).

What is your name?

Full name First _____ Middle _____ Surname _____

Step 2. Employee details

If you are completing this form on behalf of a company enter the company name here

Licence number: _____

What is the employee’s name you are appointing as an emergency appointment?

Full name First _____ Middle _____ Surname _____

If you know your employees certificate of approval application number enter it here

Certificate of approval number: _____

If they’re known or previously known by another name(s), please fill in details below

Full name First _____ Middle _____ Surname _____

Date of Birth _____ / _____ / _____ (day/month/year)

What is your gender? (Please tick to confirm)

Male Female Not Listed (Please note here):

What is your employees address for service?

Address	<small>No.</small>	<small>Street</small>	<small>Suburb</small>
	_____	_____	_____
	<small>City</small>	<small>State (if outside NZ)</small>	
	_____	_____	
	<small>Country</small>	<small>Post code</small>	
	_____	_____	_____

Step 3. Emergency appointment details

Please give details of when the employee will be appointed as an emergency appointment. You may only engage an employee as an emergency appointee for a maximum total time of 2 weeks. Any additional period of time requires the Licensing Authority's approval. The purpose of this form is to: (Please tick to confirm)

- Notify the Licensing Authority of an emergency appointment
- Seek approval for an extension of an emergency appointment

What dates do you require this emergency appointment?

Emergency appointment start date _____ / _____ / _____ (day/month/year)

Emergency appointment end date _____ / _____ / _____ (day/month/year)

Please provide a description of the emergency situation below:

Has the employee previously been appointed as an emergency appointment for a total period of 2 weeks or more? (Please tick to confirm)

- Yes No

If yes, please supply the previous start and end dates. If no, leave this blank and move on to Step 4

Emergency appointment start date _____ / _____ / _____ (day/month/year)

Emergency appointment end date _____ / _____ / _____ (day/month/year)

Please advise why you require this employee to be appointed as an emergency appointment. State the nature of the emergency:

Step 4. Employer confirmation of accuracy

I confirm to the best of my knowledge that the employee named in this form does not meet the disqualification criteria set out in section 62 of the Private Security Personnel and Private Investigators Act 2010, see www.legislation.govt.nz for further details.

Name

Signature

Date

Step 5. Do a quick check

- You have answered every relevant question in this form truthfully and correctly.
- You have signed and dated this form

Step 6. Send in this form

You can fill in this form and email it to PSPLA@Justice.govt.nz

Or you can fill in this form and print and post it to:

Private Security Personnel Licensing Authority
SX 11159
Wellington
New Zealand

Address: Level 1, 86 Customhouse Quay, Wellington 6011
Phone: 04 462 477 752