

This form is effective from 10 August 2020

Instructions

Please use **BLOCK** letters when completing this form. Attach extra sheets if necessary. All dates should be DD/MM/YYYY.

Privacy statement-please read

The Office of Fair Trading (OFT) collects information, including personal information, on this form as required by the relevant legislation to process your application. In accordance with the legislation, some personal information may be passed on to police services in Australia (including federal, states and territories) for criminal history searches. Enquiries may also be made with the Department of Home Affairs to verify eligibility to work in Australia. Your name, business address, business information and postal address will be placed on a register which may be inspected by the public upon payment of a prescribed fee. Additionally, information on this form can be disclosed without your consent where authorised or required by law. Under the *Fair Trading Act 1989* information may also be shared on a confidential basis with other Australian fair trading agencies.

If you give the OFT an email address to communicate with you, the personal information in these communications will be stored on your email service provider's servers. These servers may be outside of Australia. By giving us your email address, you are consenting to the personal information contained within the emails to and from the OFT to be transferred outside Australia.

This form should only be used if you are genuinely unable to provide suitable evidence of identity documentation because your birth has not been registered and

- You are of Aboriginal or Torres Straight Islander descent; or
- You identify as an Aboriginal or Torres Straight Islander and are accepted as such by the community in which you live or formerly lived.

If you use this form, your application will take longer to process as at least one of the verifying persons must be contacted. This declaration will be refused if the verifying person cannot be contacted during business hours.

Part 1—Personal details—please print

Personal details	Family name Given name/s Other names if applicable (maiden name, community name or traditional name)
	Residential address
	Suburb State Postcode Postcode
	Suburb State Postcode
	Aboriginal/Torres Strait community where you reside
	Phone (day time) Mobile Date of birth \Box_{D} D_{D} / \Box_{M} M / V_{Y} V_{Y} V_{Y} Mobile
	Place of birth
	Eye colour
Part 2—Personal declarat	
Sign only in the presence of one of the verifying persons. (see over)	I declare that I have read all the answers I have given to all the questions in this declaration and that the answers given by me in this declaration are complete, true and correct in every detail. I understand that if I have stated anything in this declaration that is false or misleading the licence granted to me as a result of this declaration will be absolutely void and have no legal effect whatsoever. I authorise the authorising officer to make any enquiries considered necessary to verify the information provided by me in this declaration. I understand that I may be prosecuted for giving false or stating any false or misleading information.
	Signature Dated: D

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Part 3—Verification of identity	
Verification of identity	First verifying person's details
 The verifying persons' declaration must be completed by two people from the following list: Community Justice Group chairperson, vice- chairperson or coordinator Community Council chairperson or Deputy 	Family name
	Given name/s
	Official position/role
	Phone (day time) Mobile
	Residential address/community
	Suburb State State Postcode
chairperson • Community councillor	Second verifying person's details
 Community councillor Justice of the Peace or Commissioner for Declarations 	Family name
	Given name/s
	Official position/role
	Phone (day time) Mobile
	Residential address/community
	Suburb State Postcode
Part 4–Verifying persons	declaration
	We, the undersigned, declare that
	is recognised as being Aboriginal/Torres Straight Islander (cross out option that does not apply)
	and normally resides in the Aboriginal/Torres Straight Islander community (cross out option that
	does not apply) of
	We recognise their claim that their date of birth is a function of the second
	We recognise their claim that their date of birth is $\Box_D \Box_D / \Box_M \Box_M / \Box_Y \Box_Y \Box_Y \Box_Y$. We give permission for the authorising officer to contact us for any further information considered
	necessary for the purpose of this declaration and agree to give any further information that the authorising officer may ask for to verify any statement made in this declaration.
	We declare that, to the best of our knowledge, the information given by the person making this declaration is complete, true and correct.
	We declare that the information provided by us in this declaration is complete, true and correct in every details.
	First verifying person's signature
	Dated:
	D D M M Y Y Y
	Second verifying person's signature
	Dated: $\square \square \square$
Lodgement details IMPORTANT!	Please lodge the completed application, any supporting documentation and applicable fees to the Office of Fair Trading at the address below, at one of our regional offices, or at a Queensland Government Service Office.
Please make sure you:	By mail:
 provide all necessary information and 	Industry Licensing Unit, GPO Box 3111, Brisbane QLD 4001
documentation	In person: Visit www.qld.gov.au/fairtrading or call 13 QGOV (13 74 68) for information and your nearest
sign the applicationreturn all pages of the	Fair Trading Office or Queensland Government Service Office.