



NOTIFICATION TO COMMISSIONER OF POLICE BY A SECOND-HAND DEALER

- This form is to notify the Commissioner of Police of a proposal to commence to carry on business as a second-hand dealer.
(Notification must be given at least one month before commencement)
- Are you a Sole Trader, Partnership or Body Corporate?
Complete the relevant dealer details and Business Information section.
A separate notification is required for each business.
- Print details in black or blue pen and **T** cross appropriate boxes.
- If insufficient space attach additional page(s).

LEB USE ONLY	
Received by:	
ID	Signature
:	/ /
Time	Date
Data Entry Reference	

SOLE TRADER

PERSONAL DETAILS:

Family Name: _____ Given Name(s): _____
 Date of Birth: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____

BUSINESS DETAILS:

Trading as: _____
 Business Address: _____
 Telephone: _____ Mobile: _____ Email: _____

PREVIOUS / OTHER NAME(S):

Have you ever been known by any other name(s)? NO YES, state previous name(s) and any alias(es):

1. Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias
2. Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias

QUESTIONS:

Other than minor traffic matters, have you ever appeared before a Court of Law, Panel or other Judicial Body of any kind charged with any offence?

NO YES, give details: _____

Are you an undischarged bankrupt or subject to a composition or deed or scheme of arrangement for the benefit of creditors?

NO YES, give details: _____

Have you at any time during the preceding five (5) years been a director of a body corporate at the time the body was being wound up for the benefit of creditors or within the period of six (6) months preceding the commencement of the winding up?

NO YES, give details: _____



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PARTNERSHIP

Partnership Name: _____
 Trading as: _____
 Business Address: _____
 Telephone: _____ Mobile: _____ Email: _____

PARTNER DETAILS:

Details must be provided for each partner – attach additional page(s) if insufficient space

No. of Partners: _____ **Additional page(s) attached**

1. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____
2. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____
3. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____

PREVIOUS / OTHER NAME(S):

Has any partner ever been known by any other name(s)? NO YES, state previous name(s) and any alias(es):

1. Family Name: _____ Given Name(s): _____
 Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias
2. Family Name: _____ Given Name(s): _____
 Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias
3. Family Name: _____ Given Name(s): _____
 Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias

QUESTIONS:

Other than minor traffic matters, has any partner ever appeared before a Court of Law, Panel or other Judicial Body of any kind charged with any offence?

NO YES, give partner name & details: _____

Is any partner an undischarged bankrupt or subject to a composition or deed or scheme of arrangement for the benefit of creditors?

NO YES, give partner name & details: _____

Has any partner at any time during the preceding five (5) years been a director of a body corporate at the time the body was being wound up for the benefit of creditors or within the period of six (6) months preceding the commencement of the winding up?

NO YES, give partner name & details: _____

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BODY CORPORATE

Company Name: _____
 Trading as: _____
 Company Address: _____
 Telephone No.: _____ Mobile No.: _____ Email: _____
 Address of Registered Corporate Office: _____

DIRECTOR

Details must be provided for each director of the body corporate – attach additional page(s) if insufficient space

No. of Directors: _____ **Additional page(s) attached**

1. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____
2. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____
3. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____

PREVIOUS / OTHER NAME(S):

Has any director ever been known by any other name(s)? NO YES, state previous name(s) and any alias(es):

1. Family Name: _____ Given Name(s): _____
 Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias
2. Family Name: _____ Given Name(s): _____
 Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias
3. Family Name: _____ Given Name(s): _____
 Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias

QUESTIONS:

Has the body corporate ever appeared before a Court of Law, Panel or other Judicial Body of any kind charged with any offence?
 NO YES, give details: _____

Is the body corporate being wound up or under official management or in receivership?
 NO YES, give details: _____

Other than minor traffic matters, have any of the directors of the body corporate ever appeared before a Court of Law, Panel or other Judicial Body of any kind charged with any offence?
 NO YES, give director name & details: _____

Have any of the directors of the body corporate at any time during the preceding five (5) years been a director of a body corporate at the time the body was being wound up for the benefit of creditors or within the period of six (6) months preceding the commencement of the winding up?
 NO YES, give director name & details: _____

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EMPLOYEE DETAILS		
Employee Name:	DOB:	/ /
Residential address:	Position:	
Employee Name:	DOB:	/ /
Residential address:	Position:	
Employee Name:	DOB:	/ /
Residential address:	Position:	
Employee Name:	DOB:	/ /
Residential address:	Position:	
Employee Name:	DOB:	/ /
Residential address:	Position:	
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Residential address:	Position:	
Employee Name:	DOB:	/ /
Residential address:	Position:	
Employee Name:	DOB:	/ /
Residential address:	Position:	
Employee Name:	DOB:	/ /
Residential address:	Position:	

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THIS SECTION MUST BE COMPLETED

BODY CORPORATE CLOSE ASSOCIATES - NOT A NATURAL PERSON

Company Name: _____
Trading as: _____
Company Address: _____
Telephone No.: _____ Mobile No.: _____ Email: _____
Address of Registered Corporate Office: _____
Company Name: _____
Trading as: _____
Company Address: _____
Telephone No.: _____ Mobile No.: _____ Email: _____
Address of Registered Corporate Office: _____
Company Name: _____
Trading as: _____
Company Address: _____
Telephone No.: _____ Mobile No.: _____ Email: _____
Address of Registered Corporate Office: _____
Company Name: _____
Trading as: _____
Company Address: _____
Telephone No.: _____ Mobile No.: _____ Email: _____
Address of Registered Corporate Office: _____

CLOSE ASSOCIATES – PARTNERSHIP NATURAL PERSON

Provide full details for all persons listed on this page. If you have a relative as listed below you must complete the details to the best of your knowledge and if the person is deceased write 'Deceased' in the address column. Record the current address or last known address. If information is unknown you must provide a reason, eg. 'No Contact'.

Parents / Step-parents

Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		

Brothers & Sisters / Step-brothers & Step-sisters

Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		

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Spouse / Domestic Partner		
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Children / Step-children of spouse or domestic partner		
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Is any other person in a position to exercise control or significant influence over the conduct of business proceedings? (If YES please provide details)		
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Will any person, not being a shareholder, receive income or profit from the business? (if YES please provide details)		
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Surname:	Given Name(s):	
Residential address:		DOB: .. / .. / ..
Do any other adults, not listed above, currently reside with you? <input type="checkbox"/> No <input type="checkbox"/> Yes (if YES provide details below including relationship to you)		
Surname:	Given Name(s):	
Relationship:		DOB: .. / .. / ..
Surname:	Given Name(s):	
Relationship:		DOB: .. / .. / ..
Surname:	Given Name(s):	
Relationship:		DOB: .. / .. / ..
ADDRESS HISTORY		
Have You resided at any other address (excluding your current residential address) in the last 10 years?		
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide the details of addresses. This MUST include interstate and overseas addresses if applicable).		
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.....		
.....		
.....		
.....		

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BUSINESS INFORMATION (THIS SECTION MUST BE COMPLETED)
Proposed date of commencement of business: _____ / _____ / _____ Or when business commenced: _____ / _____ / _____
Each and every address at which the business will be carried on: _____ _____ _____
Each and every address at which records required to be kept under the Act will be kept: _____ _____ _____
Each and every address at which goods bought or received in the course of, or for the purposes of, the business will be kept: _____ _____ _____
Brief description of the nature of the business: (including a description of the types of goods that are proposed to be bought or received) _____ _____ _____ _____
Address for service of documents: _____
Fax no. for service of documents: _____ Email for service of documents: _____
Contact person for enquiries: (Name) _____
Telephone: _____ Mobile: _____ Email: _____

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STATUTORY DECLARATION

SOUTH AUSTRALIA

I, _____
(Full Name)

of _____
(Address)

do solemnly and sincerely declare that to the best of my knowledge, all the information provided in this Notice (including any attachments) is complete and accurate. And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1936*.

Declared at _____ in the State of South Australia

on this _____ day of _____ year _____

(Signature) Before me – _____
(Authorised witness in and for the State of South Australia)

INTERSTATE

PLEASE NOTE: If this form is declared outside of South Australia an additional Statutory Declaration in the format required by that state or territory MUST be completed and signed before an authorised witness. Attach this declaration to the completed notification.

IMPORTANT

Penalties may be incurred for police making a false declaration pursuant to Section 27 of the *Oaths Act 1936* and Section 20 of the *Second-hand Dealers and Pawnbrokers Act 1996*.

In accordance with Section 7(4) of the Act and Regulation 8(2), a second-hand dealer is required to give written notice to the Commissioner of Police within **14 days** of any changes to information supplied and must **IMMEDIATELY** notify of any event which occurs that results in the disqualification, under Section 6 of the Act, of the dealer from continuing to carry on business.

**POST TO: SECOND-HAND DEALERS SECTION
 LICENSING ENFORCEMENT BRANCH
 SA POLICE
 GPO BOX 1539, ADELAIDE SA 5001**