



MSIC CHECKLIST

For All Applications including Renewals

To help us process your MSIC application (be it a new application or a renewal), please make sure that you –

1. **Read the “MSIC Information” booklet** and understand why you require an MSIC and what your obligations are to the Albany Port Authority.
2. **Completed and signed the application form** (including details of all your residential addresses over the last 10 years).
3. **All your required identification documents** (original documents, not photocopies). Generally this will be your passport **OR** your birth certificate **AND** your drivers licence. **Married women also need to supply marriage certificates.** See pages 4 & 5 of “MSIC Information” booklet for more information.
4. **Have a letter from your employer** (on company letterhead) stating that you require access into the secure area of the Albany Port.
5. **Visited the Albany Port Authority Website (www.albanyport.com.au) and completed the “Online Induction”.** Please bring the advice slip that confirms you have completed the induction to your interview.

Note: If you are unable to gain access to the internet, then a DVD is available from the Port and can be issued to you at your interview.

6. **Ring the Albany Port Authority on 9892 9000 and made an appointment time for your interview.**

Your appointment is at –

Day - _____ Date - ___/___/_____ Time - _____

7. **Make payment on the day of interview** by either cash, cheque or credit card (no EFTPOS facility). Invoices may be issued to employers who are on the APA debtors system.

THE APA THANKS YOU FOR TICKING ALL THE BOXES.



Application Identification Number:
APA / 0000 ____ (Issuing Body Use Only)

Maritime Security Identification Card
MSIC APPLICATION FORM
(from 1 December 2010)

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.
- Standard MSIC** Tick this box to apply for a Standard 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 (\$129.00)** **2 Year MSIC (\$235.00)** **4 Year MSIC (\$320.00)**

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 requirement to hold an MSIC (eg Driver, Agent, etc): _____

PERSONAL DETAILS:

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

Surname: _____ First & Middle Names: _____

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

Preferred first name on MSIC: _____ Other Name/s if used: _____

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). (If you don't have actual from/to date, just write down the year)

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):

Street No / PO Box: _____ Street: _____

Suburb: _____ State: _____ Postcode: _____

Country: _____

DECLARATION:

I have read and agree to be bound by the *Conditions of Use* of an MSIC and Access to Albany Port, 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;
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);
4. I understand that if I change any part of my name, employer details or contact and address information, I am required to advise Albany Port Authority 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 Albany Port on 9892 9000 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.

Signed: _____

Date: ____ / ____ / ____