 **ΑΣΤYΝΟΜΙΑ ΚΤΠΡΟY**

(P361)

Application Number ………………….

# APPLICATION FOR THE ISSUE / RENEWAL OF A LICENCE FOR PRACTISING AS A GUARD OR PRIVATE SECURITY GUARD

## L.125(I)/07 and L.54(I)/2009, article 6(I)

**In the event that any details provided in the application prove to be false, the applicant is liable to criminal prosecution.**

# SECTION A

## TICK (X) WHERE APPLICABLE

**Issue of Licence**

**Renewal of Licence**

**SECTION B**

# CATEGORY OF THE REQUESTED LICENCE

Please tick the appropriate box (X). If the category of the requested license is that of **guard please** give the name of the private office (Office Seal).

**1. Guard ……………….…**

## 2. Private Guard …………………

**Employed by (name and details of Private Office):**

|  |
| --- |
|  |

**SECTION C**

# PARTICULARS OF APPLICANT

Name (in full) (in capital letters):…………………………………………………….………

Sex (male / female):………………………… Nationality:……………………….……….. I.D.Number:…………………………………………………………………………………..

Registration Number of Alien:………………………………………………………….……

Passport Number: …………………….……… Country of issue:…………………………

ResidentialAddress:………………………………………………………………..………… Post Code:……………………………………... District………………….………………..

Mailing Address…………………………………………………….……………………….

Post Code:…………………………………. District…………….…………………………..

Place of Birth:…………………….……………….Date of Birth:…………………………..

Mobile Telephone Number:……….………… Home Telephone Number: …………….

Email: ………………………………………………………………………………………….

Name of Father:……………………………………………………………..…………..……

Name of Mother ……………………………………………………………………………...

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**SECTION D**

# QUALIFICATIONS AND EXPERIENCE OF APPLICANT

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…………………………………………………………………………………………………

…………………………………………………………………………………………………

**SECTION E**

**To be completed by Private Guards ONLY.**

# ACTIVITIES / SERVICES TO BE OFFERRED

**(a)surveillance, protection or safekeeping of movable or immovable**

**property or installations / premises.**

1. **protection of natural persons.**

1. **safe transportation and security of money, securities and valuable objects.**

1. **control or monitoring of the movement of members of the public through the use of vehicles or other means within private property, or prohibited to**

**the wider public area, with the aim of protecting the property in question or area.**

**SECTION F**

**DECLARATION BY APPLICANT**

**Tick (X) the appropriate box.**

## ΥΕS NO

(a)Has your employment been terminated from the Public Service, police, Educational Service, the Army or legal person of public law for a

disciplinary offence involving lack of integrity or moral indecency?

1. Do you hold a position in the Public Service, or Educational Service,

the Police, the Army or are you employed by a legal person of public law?

1. Do you use any narcotic drugs or other psychotropic substances?

1. Do you suffer from any mental illness?

1. Are you a manufacturer, merchant or trader of arms and ammunition or explosive substances?

1. Were you judged in the past by the Chief of Police to be unsuitable for practicing as a guard or private guard?

1. Have you been convicted of any criminal offence?

1. Have you fulfilled your military obligations? **(for males)**

**……………………………………….**

**SECTION G - REQUIRED DOCUMENTS**

**The following documents must be attached upon submitting the application.**

1. A photocopy of the identity card of the applicant and or passport in the case of aliens (photocopies of both sides are required).
2. A Photocopy of army discharge papers (only for Cypriot males).
3. A photograph in electronic form (CD) j-pex.
4. A photocopy of the Certificate of Registration (yellow slip) for European Union citizens.
5. A medical certificate by a Government Doctor regarding the general state of health of the applicant, and a special medical certificate from a State doctor concerning the state of the applicants’ mental health.
6. A police clearance certificate (original).
7. Receipt of the payment of the required fee (original).
8. **Note:** - With regards to Police clearance certificates in the case of aliens (European Union citizens) the original from the applicant’s country of origin in the English or Greek languages must also be attached. In case this certificate is issued in another language it must be certified by the relevant Embassy in Cyprus. - Any other additional certificates which may be requested.

# SECTION H

**To be completed by Private Guards ONLY.**

|  |
| --- |
| **Declaration / Authorization**    **<< I …………………………………………………………………………………………..., freely give/ do not give my consent in the Police, to include my personal data (Full name, Telephone number, Private Guard License Number and date of expiry), in the Registration of Licensed Private Guards, which is registered in the web page of Police.**  [**(**www.police.gov.cy**)**](http://www.police.gov.cy/) **>>.**            **Signature:……………………..…………………………………**      **Full Name…………………………………………………..……**      **Phone Number:……………………………………….....…….**      **Private Guard Licensed Number ……………………………..** |

# SECTION I

# DECLARATION BY THE APPLICANT

1. Having submitted the application and paid the prescribed fee, I will have no claim to the fee if subsequently it is proven that I do not fulfill the necessary prerequisites as mentioned in the Law announced in the Official Government Gazette.
2. I solemnly declare that all the details provided in this application, including the attached certificates and documents are true and correct.

Date:…..…./…........./……..... Signature:……………………………………..

# SECTION J

## Processing of personal data – Law 125 (I) / 2018 & Regulation 2016/679

**At Police Headquarters a registry is maintained which includes the personal data of applicants who are citizens of the Republic of Cyprus and / or of the European Union, for the purpose of enforcing the law on the Provision of Security Services by Private Offices.**

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# SECTION K

# FOR OFFFICE USE ONLY

Division Application Number:………………………………………………………....

Date of receipt of application:………………………………………………………......

Received by (Name and details)………………………………………………............

Receipt (of payment) Number: ………………………………………………………...

…………………………………..

Signature of recipient

Name (in full) / Rank / Number:…………………………………………………….

**SECTION L**

# EXAMINATION OF THE APPLICATION

I solemnly declare that I have personally examined all the details included in this application including those on the attached documents and I ascertained that they are correct and that all the prerequisites which are set out by the relevant Law for the issue of the required license are met / not met.\*

In case any prerequisite is not fulfilled, provide any relevant details below.

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………………………………………….

Signature of Examiner

Name (in full) / Rank / Number:…………………………………………………….

**MEDICAL HISTORY**

Name (in full)………………………..……………….I.D.Number …………………………………

Date of Birth………………………….….. Place of Birth………….………………..………………

Married / Not married…………..………….. Occupation……………..…………………………… A:**Tobacco Smoker** ………….…………………… YES / NO……….…………………………..

Sports Activities …………………………….…………………………………………………….….

B: Tick the appropriate column below if in the past you suffered from any of the following

illnesses or disorders:-

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| **Skin disease** |  |  |
| **Asthma** |  |  |
| **Diabetes** |  |  |
| **Tuberculosis** |  |  |
| **Arthritis** |  |  |
| **Rheumatic fever** |  |  |
| **Hearing disorders** |  |  |
| **Blood Pressure irregularities** |  |  |
| **Spondylopathy** |  |  |
| **Kidney disease** |  |  |
| **Heart disease** |  |  |
| **High Blood pressure** |  |  |
| **High blood lipid level** |  |  |
| **Diabetes Mellitus (non insulin dependent diabetes)** |  |  |
| **Fainting episodes in the past** |  |  |

1. Have you in the last four years received treatment for any mental disturbance, illness or injury? If YES, give a description of it, the duration of the treatment as well as its results.

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

1. Family History:

* **Heart Disease** in the family (Father / Mother, Grandfather / Grandmother, siblings)

…………………………………………………………………………………………………………

……………………………………………………………………………………………………...…

* **Sudden Death** in the family …………………………………………………………….

Date…………………………………. Signature………………………………….

**THE LAW ON THE PROVISION OF SECURITY SERVICES BY PRIVATE OFFICERS ( L.125(I) 2007 and L.54 (I) / 2009)**

## PROCEDURE FOR THE ISSUE OF MEDICAL CERTIFICATES

Following repeated meetings with the Medical Services of the Ministry of Health and in pursuit of the best practices for the implementation of the relevant article concerning the issue and submission of medical certificates, as provided by the relevant Legislation, Cyprus Police has adopted the following procedures:-

### 1. Submission of medical certificates

Medical certificates must be submitted by:

* Persons applying for a license to practice as Security Guards
* Persons applying for a license to practice as Private Security Guards

### 2. Type of medical examinations

The above mentioned persons have to undergo the following medical examinations:

* A clinical examination, by a General Practitioner serving at the Health Centres of the Ministry of Health.
* A chest X-ray from a private X-ray Centre or Public Hospital.

### 3. ‘Medical History’ Document

A ‘Medical History’ form for each applicant is attached to be completed by all the above mentioned persons and submitted to the General Practitioner upon their medical examination.

### 4. Procedure for the issue of a Medical Certificate

Applicants must inform the Medical Centres of their area that they wish to undergo a medical examination by a General Practitioner for the purpose of being employed by a private security services office.

The General Practitioner will issue to the interested person / applicant a relevant referral for a chest X-ray at a Public Hospital, which should be taken to the medical examination.

It should be noted that interested persons / applicants may have the chest Xray at a private X-ray centre, provided that the above-mentioned procedure is adhered to.

***IT IS STRESSED THAT THE COMPLETED DOCUMENT ‘MEDICAL HISTORY’ MUST BE ATTACHED TO THE MEDICAL CERTIFICATE UPON THE SUBMISSION OF THE RELEVANT APPLICATION, OTHERWISE THE APPLICATION WILL NOT BE ACCEPTED.***

Office for Handling Issues related to Private Security Services