



# (Maritime Security Identification Card) MSIC APPLICATION FORM

(from 1 October 2018)

**New MSIC Identification Number:**

FPA / 00 \_\_\_\_\_  
*(Issuing Body Use Only)*

**New Access Card No :**

*(Issuing Body Use Only)*

## **PART A: Applicant Information**

**MSIC APPLICATION TYPE:** (Tick one box only)

- Provisional MSIC** (If you are under 18 years of age. When you turn 18 you must apply for a Standard MSIC).
- Standard MSIC** (If you are applying for a Standard MSIC for the first time).
- Renewal of a Standard MSIC** (If you have held a Standard Fremantle Ports MSIC before).  
Current MSIC Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_
- MSIC based on your ASIC** (If you currently hold an ASIC. NB: Your MSIC will expire on the same date as your ASIC).  
Current ASIC Number: \_\_\_\_\_ ASIC Issuing Body: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**CARD TYPE:** (Tick applicable)

- MSIC Only**       2 Year Duration \$264       2 Year Duration \$294  
 4 Year Duration \$447       **MSIC/FPA Access**       4 Year Duration \$477

### **PERSONAL DETAILS:**

(Circle) Mr / Mrs / Ms / Miss / Dr      (Circle) Male / Female      Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Surname: \_\_\_\_\_ First & Middle Names: \_\_\_\_\_

Previous Names / Aliases (required): \_\_\_\_\_

Current Citizenship Country: \_\_\_\_\_ Birth Town, State & Country: \_\_\_\_\_ Town / State

Country: \_\_\_\_\_

### **ADDRESS DETAILS:**

#### **Current Permanent Residential Address:**

Unit / Number	Street	Suburb / City	Post Code	State	Country	Commencement Date
						/ /

#### **Previous Permanent Residential Address (10 Years):**

Unit / Number	Street	Suburb / City	Post Code	State	Country	Residency Dates From	To
						/ /	/ /
						/ /	/ /
						/ /	/ /

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Postal Address (If different): Number & Street: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

### **EMPLOYMENT DETAILS:**

Employer Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
*(Provide first & last names)*

Full Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

**What is your requirement to hold an MSIC (e.g. Driver, Agent etc):** \_\_\_\_\_

**DECLARATION:**

I have read & agree to be bound by the Conditions of Use of an MSIC and Access to Fremantle Ports (if applicable), 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 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 (MSROs), as listed on the DIRD website [www.infrastructure.gov.au](http://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 Fremantle Ports within 30 days of the change;
5. I understand that if I lose my MSIC (i.e. if it becomes lost or stolen) or if I receive a conviction relevant to Point 3 (above) after having received my MSIC, I must notify Fremantle Ports within 7 days 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;
7. I consent to my information being used by Fremantle Ports for the purpose of MSIC application and access to Fremantle Ports;
8. I certify that the personal information I have provided within this form pertains specifically to me and is correct;
9. **I am authorised to provide the personal details presented and I consent to my identity being confirmed with the document issuer or official record holder via third party systems**

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_20 \_\_\_\_

**AUSCHECK PRIVACY NOTICE**

I acknowledge that I have received a copy of the AusCheck privacy notice.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_20 \_\_\_\_

**TO BE SIGNED IN FRONT OF THE MSIC ISSUING OFFICER**