



VICTORIA POLICE

VP Form 820B (Revised 16/08/2011)  
Website: [www.police.vic.gov.au](http://www.police.vic.gov.au)  
Telephone:  1300 881 596

# Application Form

## Consent to Check and Release National Police Record

Forward the completed application, certified identity documents and payment to: Public Enquiry Service  
Victoria Police  
GPO Box 919  
MELBOURNE VIC 3001

### Section A: Type of check required (This section must be completed)

☐ National name check **OR** ☒ National name check and fingerprint records search

**Victoria Police Use Only:** Victoria Police member to complete

Fingerprints: Ink ☒ Livescan ☒ Date Prints Taken         Station Code     Reg/EmpNo

### Section B: Details of Applicant (This section must be completed)

Family name/surname

A B D U L A Z I Z

First given name

M O H S I N A B D U L A Z I Z

Other given names

Male

Female

Daytime contact phone number/mobile

Date of birth (DD MM YYYY)

☒

☐

0 4 1 1 0 4 9 8 8 0

1 7

1 2

1 9 9 6

Were you born in Australia?

Suburb/town of birth

State

☐ Yes ▶ Please record your suburb/town of birth

Country of birth

☒ No ▶ Please record your country of birth

P A K

**Other names you have used (including former, maiden name/s etc)**

If you are known or have been known by any other names, please list them below, indicating if they are a former or also known as name.

Former name Also known as Family name/surname

☐ **OR** ☐

First given name

Other given names

Former name Also known as Family name/surname

☐ **OR** ☐

First given name

Other given names

If you require an attachment to record additional previous names please cross this box. (Add **Section H : Attachment - 1**)

☐

Enter your current residential address in the space provided. Enter your postal address ONLY if it differs from your current residential address. Your certificate will only be delivered to your current residential or postal address. Provide details of previous residential addresses for the last five years only.

Unit number/street number/street name (with a gap between numbers and words)

[illegible]**POSTAL ADDRESS** (complete only if different to current residential address)

Unit number/street number/street name/PO Box (with a gap between numbers and words)

Suburb/town/locality															State			Postcode		

## Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality															State					Postcode				

Unit number/street number/street name (with a gap between numbers and words)																			
Suburb/town/locality															State			Postcode	

If you require an attachment to record additional previous addresses please cross this box. (Add **Section H : Attachment - 1**)

**Is this certificate being paid for by an employer/organisation or for Victoria Police purposes?**

☐ Yes (refer below) ☒ No (go to section E)

**Note: Results of 'Working with Police' checks will be released to the Victoria Police representative nominated in this section.**

**If you answered Yes, this section must be completed and signed by the employer/organisation's representative or by a Victoria Police representative if check is for Working with Police.**

Name of Employer/organisation's representative	Title of representative (e.g. Manager, Co-ordinator)
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Employer/organisation

Unit number/street number/street name/PO Box (with a gap between numbers and words)			
Suburb/town/locality	State	Postcode	

Daytime contact phone number/mobile

To ensure the protection of privacy and the provision of natural justice, I authorise Victoria Police to deliver the certificate only to the applicant's residential or nominated postal address.

**Signature of employer/organisation's representative**

**Please sign within  
the box and use  
BLACK INK**



## Section G: Proof of Identity (This section must be completed)

### Proof of Identity Documentation

Applicants must supply a minimum of two (2) types of identification from the list below with a minimum total of 100 points. Identification must include at least one type of photo ID (Category A) plus **identification that contains the applicant's current residential address, signature and date of birth.** A minimum of one Category A photo ID and completion of Category D is required for applicants under 15 years of age.

**(All identity documents with at least one containing your current residential address must be certified)**

#### Category A - You must have at least ONE Category A document

##### Points

1. Current passport (Australian/Foreign)	<input checked="" type="checkbox"/>	70 ▶	7	0
2. Driver licence/Learner's permit/Boat licence	<input type="checkbox"/>	40 ▶		
3. Firearms/Private security licence	<input type="checkbox"/>	40 ▶		
4. Current tertiary student identification card (with photo)	<input type="checkbox"/>	40 ▶		
5. WWC Check card/Key pass/Proof of age card	<input type="checkbox"/>	40 ▶		
Certified current passport size photo (only required if the applicant does not possess any other category A identification. If a passport photo identification is provided, a selection from the category B list is mandatory for applicants 15 years of age and over.)	<input type="checkbox"/>	40 ▶		

Category A List Number (1-5)

Card/Document - ID Number

K A 1 0 7 6 5 0 1

State of issue

Expiry date (DD MM YYYY)

O T H

1 6

0 8

2 0 2 7

Country of issue

P A K

#### Category B

1. Australian citizenship certificate	<input type="checkbox"/>	70 ▶		
2. Birth certificate (not extract)	<input type="checkbox"/>	70 ▶		
3. Birth card	<input type="checkbox"/>	70 ▶		
4. Australian travel documents or current Australian Visa	<input type="checkbox"/>	70 ▶		
5. Department of Veterans Affairs (DVA) card	<input type="checkbox"/>	40 ▶		
6. Centrelink card (with reference number)	<input type="checkbox"/>	40 ▶		
7. Government employee ID	<input type="checkbox"/>	40 ▶		

Category B List Number (1-7)

Card/Document - ID Number

State of issue

Country of issue

#### Category C

Medicare card	<input type="checkbox"/>	25 ▶		
Credit card or account card	<input checked="" type="checkbox"/>	25 ▶	2	5
Marriage certificate (registry issue only)	<input type="checkbox"/>	25 ▶		
Change of name certificate (registry issue only)	<input type="checkbox"/>	25 ▶		
Bank statement (with residential address)	<input checked="" type="checkbox"/>	25 ▶	2	5
Motor vehicle registration or insurance papers	<input type="checkbox"/>	25 ▶		
Property rates notice/utilities notice	<input type="checkbox"/>	25 ▶		
Property lease agreement	<input type="checkbox"/>	25 ▶		
Home insurance papers	<input type="checkbox"/>	25 ▶		
Taxation assessment notice	<input type="checkbox"/>	25 ▶		
Records of primary, secondary or tertiary education	<input type="checkbox"/>	25 ▶		
Records from a current or previous employer	<input type="checkbox"/>	25 ▶		
Records of a professional or trade association	<input type="checkbox"/>	25 ▶		

#### Category D (under 15 years of age)

##### Parent/guardian consent

##### Category A identification MUST be attached

I hereby consent to a national police record check on the applicant listed on this form and I acknowledge that I am the parent/guardian of the applicant.

Signature of parent/guardian

Name of parent/guardian

Daytime contact phone number/mobile

**ADD TOTAL POINTS (must be 100 or more)**

▶ 1 2 0

#### Certifier Use Only: Certification of Proof of Identity - To be completed by certifier when sighting documents

Persons authorised to certify documentation are required, in the presence of the applicant, to witness the applicant's signature and sight original documentation and verify that the photo identification is a true likeness of the applicant. **They must sign and date each photocopy of original documents and complete this section.**

I certify that the attached photographic identification is a true likeness of the applicant and that the proof of identification documentation selected above, submitted with this application and signed and dated by me are true copies of the originals, such originals having been sighted by me.

Title (eg Mr, Mrs, etc)

Name

Title/Position (eg chemist, teacher etc)

Daytime contact phone number/mobile

Provider/Registered Number

Date signed

Signature  
of certifier