PSRA Director Vetting Form Inspectorate Unit



Inspectorate Unit Vetting Form for Director

PLEASE READ THE INFORMATION SHEET (PAGE 4) CAREFULLY BEFORE COMPLETING THIS FORM

| A. APPLICANT'S PERSONAL INFORMATION | | | | | | | | |
|--|----------------------|-----------------|-----------------|--------------|--------------|----------|---------|------|
| SURNAME: | | FIRST NAME: | | | MIDDLE NAME: | | | |
| PREVIOUS NAME (if any): | | ALIAS: (if any) | | | | | | |
| DATE OF BIRTH: (dd/mm/yyyy) | | | PLACE OF BIRTH: | | | | | |
| Have Yo | ou Ever Changed Yo | ur Name? : | Yes | [] No[] | | | | |
| If Yes, S | tate Former Name: | | | | | | | |
| | STATE ALL ADD | | | | RTH TO |) PRESE | ENT DAT | ΓE |
| (| If more space is nee | eded add a | sheet o | f paper) | | | | |
| Have you ever lived outside of Jamaica? No [] Yes [] If 'Yes' include address/es below | | | | | | | | |
| House No. | Street | Town/ Ci | ty | Parish/State | Countr | y | Year | Year |
| 110. | | | | | | | From | To |
| 110. | | | | | | | From | То |
| 110. | | | | | | | From | То |
| 110. | | | | | | | From | То |
| NO. | | | | | | | From | То |
| 110. | | | | | | | From | То |
| 110. | | | | | | | From | То |
| 110. | | | | | | | From | То |
| 110. | | | | | | | From | То |
| | | | | | | | From | То |

| | ENT HISTORY | | | | | | | |
|---|-------------|--------------|--------------|------------------------|---------|--|--|--|
| State employers' addresses, phone numbers and duration of your employment | | | | | | | | |
| Employer | Addres | SS | Phone Number | Duration of Employment | | | | |
| | | | | Year From | Year To | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| D. CRIMINAL RECORD | | | | | | | | |
| Have you ever been charged or indicted of any offence in Jamaica or elsewhere? No [] Yes [] If 'Yes' provide details below | | | | | | | | |
| Date | Court | Offence Cour | | t Outcome | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| F. | FOR PSRA USE ONLY | | |
|-----------|--|--------|----------------------|
| | Place a tick in the appropriate space provided bel | | |
| 1. | According to CRO record dated | tl | here are no previous |
| | convictions against the above named applicant: [] | | |
| | | | |
| 2. | The attached convictions appear on the CRO records | s: [] | |
| 2 | The attached prosecutions are pending: [] | | |
| 3. | The attached prosecutions are pending. [] | | |
| | | | |
| Name | | | |
| 1 (41110) | | | |
| G. | | D 4 | |
| Signat | ture : | Date: | |
| | | | |
| | | | |

PSRA Director Vetting Form Inspectorate Unit

GUIDELINES FOR COMPLETING DIRECTOR VETTING FORM Read Carefully Before Completing Form

When completing the PSRA Vetting Form it is important that you follow these guidelines:

- 1. The Director Vetting Form is required for directors applying for a first licence.
- 2. Complete the Form using **BLOCK CAPITALS** and be clear and legible. Please state N/A if details are **Not Applicable**).
- 3. All questions **must** be answered.
- 4. Include **all** your addresses on the Form, **from your date of birth to your present address**. All addresses **must** be completed in full including postcodes. No abbreviations.
- 5. You must indicate **all** foreign addresses. This includes Jamaican Nationals who have resided abroad for six (6) months and over. **Foreign Nationals** must state all addresses from date of birth to the time they came to Jamaica, followed by all addresses from the time the person came to Jamaica to the present date.
- 6. The **Year From** and **Year To** sections must be **fully** completed for each address regardless of the number of previous addresses.
- 7. When correctly completed, the Vetting Form **should not** contain any gaps in your address history from date of birth to the present date.
- 8. All offences must be disclosed, including Road Traffic Offences, suspended sentences and fines. Failure to disclose an offence on the Director Vetting Form may result in the refusal of your application.
- 9. Return the completed Form to The Private Security Regulation Authority, 6th Floor, Office Centre Building, 12 Ocean Boulevard, Kingston
- 10. The Private Security Regulation Authority can be contacted at telephone # 876- 967-2522-6 or info@psra.gov.jm

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