

# Request for Quotation / Application for Security Certification (Excluding Electronic Security System Installation)

Company Name: \_\_\_\_\_

Address (location requiring certification): \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Website: \_\_\_\_\_

## Certification(s) Required

Security Guarding (Static)   
(PSA 28:2013)\*Security Guarding (Event Security)   
(PSA 39:2014)\*Door Supervision (Licensed Premises)   
(PSA 28:2013)\*Door Supervision (Event Security)   
(PSA 39:2014)\*Security Guard (Alarm Monitoring)   
(PSA 33:2014)\*\*Security Guard (CCTV Monitoring)   
(PSA 33:2014)\*\*Cash in Transit   
(IS 998:2006)Private Investigator   
(PSA 42:2015)

\* First time applicants must obtain certification to PSA 31:2014 and complete an audit to PSA 28:2013 and/or PSA 39:2014 within 6 Months of obtaining a PSA license.

\*\* PSA 33:2014 lists the requirements for additional standards.

## Staffing

Directors / Managers: \_\_\_\_\_ Security Personnel: \_\_\_\_\_

Number of Active Sites: Door Supervision: \_\_\_\_\_ Security Guarding: \_\_\_\_\_

Number of Alarms and/or CCTV systems Monitored: \_\_\_\_\_

Is shift work in operation or planned (tick for yes) 

## Existing PSA License Holders

PSA License Number: \_\_\_\_\_

Existing certification Body: \_\_\_\_\_

Expiry date of current certificates(s): \_\_\_\_\_

Date of most recent audit: \_\_\_\_\_