

APPLICATION FOR OPERATOR CERTIFICATE

Section 35, PROSTITUTION REFORM ACT 2003

To the Registrar

I, the applicant whose details are given below, apply for a certificate under section 35 of the Prostitution Reform Act 2003.

The certificate that I am applying for is the certificate that must be held by every operator of a business of prostitution (other than a company).

 Details of Applic 	ant:	
My surname or family nar	ne is:	
My first name is:		
My middle name(s) is:		
My date of birth is:/	/	My gender is (circle one): male / female
d d	mm yyyy	(circle one): male / female
2. Any other names	s by which the applican	t is, or ever has been, known
Vly alternative family nam	e is:	
My alternative first given r	name is:	
My alternative middle nan	ne(s) is:	
3. Is this the applic	ant's first application f	or a certificate?
(circle one): yes /	no	
f no, state your current or	previous certificate num	ber:
f you hold an order waiving order made under section provide a copy of that order	37 of the Prostitution Re	
1. Address of appli	cant to which certificat	e and any related correspondence is to be sent
Number and street:		
Suburb:	City:	Postcode:
5. Telephone numb	er and email address o	of applicant
My daytime telephone nur		• •
	e with this paragraph is c	ptional.

6. Photograph of applicant

I, the applicant, enclose a recent photograph of myself.

7. Authentication of photograph	
---------------------------------	--

g the photograph. [full name] [home address], of [full name], signed and dated a certificate to that effe minister of religion
of [full name], signed and dated a certificate to that effe
of [full name], signed and dated a certificate to that effe
of[full name], signed and dated a certificate to that effe
[full name], signed and dated a certificate to that effe
signed and dated a certificate to that effe
minister of religion
minister of religion
member of the Police
Justice of the Peace
Date
identification that contains a photograph
e):
16

10. Authentication of photocopy of form of official identification

The photocopy of the form of official identification has been authenticated by

	[full name].
This panel is to be filled in by the person authenticating identification.	ng the photocopy of the form of official
Authentication of photocopy of form of official ide	entification
I,	[full name]
of	[home address],
certify that the enclosed photocopy of a form of identi- have seen) and that I have, in my own handwriting, si on that photocopy. See note below.	
I am a (circle one):	
barrister or solicitor of the High Court	minister of religion
Registrar or Deputy Registrar of a District Court	member of the Police
kaumatua	Justice of the Peace
registered medical professional	
Signature of person authenticating photocopy	Date
Home phone number: Work phone number:	
11. Statement that information true and correct The information given in this application is true and corre	ct.
Signature of applicant	Date