



**QUEENSLAND POLICE SERVICE**  
**APPLICATION FOR A COPY OF**  
**OWN QUEENSLAND CRIMINAL HISTORY**

QP 0349A  
07/23  
A2

**Please ensure your Application is fully completed and legible. Failure to supply the requested information may mean that the QPS is unable to process this form. For ENQUIRIES contact by email: [PIC.Certificates@police.qld.gov.au](mailto:PIC.Certificates@police.qld.gov.au) or phone 07 3364 6265**

**A copy of own Queensland criminal history    \$66.50**  
**NOTE: Does NOT include interstate criminal history and is NOT for employment purposes.**

**Proof of identity—Please ensure a copy of ONE of the following forms of identification is attached to this application:**

1.  Your current **driver licence**                      Number: \_\_\_\_\_ Issuing state: \_\_\_\_\_  
OR
2.  Your current **passport** –  
including photograph and signature                      Number: \_\_\_\_\_ Issuing country: \_\_\_\_\_  
OR
3.  **Two other forms of identification bearing your signature**                      Documents produced:  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_

**Applicant details**

**Family name:** \_\_\_\_\_ **Given name(s):** \_\_\_\_\_

**Other names you have been known by:** \_\_\_\_\_

(such as name at birth, alias(es), previous married name(s))

**Date of birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (DD / MM / YY)      **Male**       **Female**

**Place of birth:**    Town: \_\_\_\_\_      State: \_\_\_\_\_      Country: \_\_\_\_\_

**Postal address:** \_\_\_\_\_      Postcode: \_\_\_\_\_

**Daytime contact:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**If the copy of own criminal history is required to be forwarded to your legal advisor, state name and address of legal advisor:**

\_\_\_\_\_

*In consideration of the issue and supply of the document requested herein, I hereby undertake and declare that I will not take any action either civil or criminal against the Commissioner of the Queensland Police Service or Police Service of any other State or Territory of the Commonwealth of Australia, or of any other country, or authorise or cause or procure or permit any person on my behalf to take any action concerning anything had or done by them in relation to this application.*

<p>_____ (Applicant signature)</p> <p>_____ (Witness signature)</p>	<p>Date: <u>  </u> / <u>  </u> / <u>  </u> (DD / MM / YY)</p> <p>_____ (Witness name)</p>
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**Privacy Collection Statement**  
The Queensland Police Service (QPS) is collecting your information for the processing of your application for your Queensland criminal history. The collection of this information is authorised by the *Police Service Administration Act 1990* (Qld). The information on this form will not be used or disclosed without your consent unless such use or disclosure is authorised or required by law, including the *Police Service Administration Act 1990* (Qld) and the *Information Privacy Act 2009* (Qld). You have a right to access personal information that QPS holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact Right to Information and Privacy by email at [rti@police.qld.gov.au](mailto:rti@police.qld.gov.au).

**Police use only** (Ensure application is fully completed and legible)

**Name of applicant:** \_\_\_\_\_

Copy of proof of identity must be attached to this form:    **Attached**

Fee paid: \$ \_\_\_\_\_      Receipt no.: \_\_\_\_\_      Police station: \_\_\_\_\_

**Send completed application and attachment(s) IMMEDIATELY and DIRECTLY to: [PIC.Certificates@police.qld.gov.au](mailto:PIC.Certificates@police.qld.gov.au) or Police Information Centre, GPO BOX 1440, BRISBANE Qld 4001.**