## Application for an auctioneer's licence under mutual recognition

Licence term (Select one)										
1 year □		3 year		5 year						
Applicant details										
Surname:							Date of birth:			
Given name/s:										
Other name/s: (if, applicable)										
Residential add	lress:									
Suburb:						State:		Postcode	e:	
Is your postal address the same as above? If no, complete below:										
Postal address:	:									
Suburb:					State: Postco		Postcode	e:		
Contact details	5									
Phone number				Mobi	le number	r:				
Email address:										
Current equivalent licence details										
Specify all Australian States/Territories and/or New Zealand in which the applicant has substantive licences for the equivalent occupation(s) sought.										
State	Licer	nce held	ce held Licence number		mber	Ехр	iry date			
Principle place	of bus	siness								
Do you intend to carry on business as an auctioneer on your own account?  Yes / No										
If yes, complete below. If no, proceed to employer details										
Do you intend to use a business or trading name?  Yes / No						es / No				
If yes, provide below the business name, business number										
Business name:										
Business numb	er:									
Business addre	ess:									
Suburb:						State:	Postcode:			

Employer details (not	t required to completed by a sole trade	r)				
Employer name:						
Licence number:						
Employer address:						
Suburb:		State:		Postcode:		
Phone number:		Mobile number	er:			
Email address:			·			
Disclosures						
	ny special condition(s) in carrying ou Australian State, Territory or New Z	<del>-</del>	on as an Aucti	oneer	Yes / No	
If yes, please provide	e details below					
Are you the subject of	of any disciplinary proceedings in ar	ny Australian St	tate, Territory	or		
, 0 /1 / 0					Yes / No	
disciplinary proceedings) in relation to the occupation of Auctioneer?						
If yes, please provide	: details below					
Llasvava Avakianasa	liaanaa in anakhan Awakuslian Chaka	Tauritan can N	<b>7</b> l d l-			
•	Has your Auctioneer licence in another Australian State, Territory or New Zealand been cancelled or suspended as a result of disciplinary proceedings? (If yes, please provide details Yes / No					
below)						
If yes, please provide	details below					
Are you prohibited or restricted from carrying on the occupation of an Auctioneer or an						
equivalent occupation in any Australian State, Territory or New Zealand for which registration is sought?					Yes / No	
	e/registration number					
, , ,	C					
	ny special condition in carrying out					
result of criminal, civil or disciplinary proceedings in any Australian State, Territory or New Yes / No Zealand? (If yes, please provide details below)						
If yes, please provide	•					
ii yes, picase provide	, actails below					



Applicant declaration	า					
I, (full name):						
Of: (address)						
Solemnly and sincere	ly declare that:					
<ul><li>knowledge by</li><li>I consent to t</li><li>Australian Statin respect of</li></ul>	virtue of the Oath he making of inquinate, Territory or Ne matters relevant to	contained in this application are true and correct to the so, Affidavits and Declarations Act 2010; and ries of and the exchange of information with, the author Zealand, regarding my activities in the occupation, this application; and the NT in accordance with the mutual recognition prints.	norities of any and otherwise			
<ul><li>I have read ar</li><li>The declaration</li></ul>	nd understood the on is true and corre	ition to which I am subject in carrying on the occupat information contained in this application; ect; and ake a declaration that is false in any material particula				
This declaration is ma	ade at: (location)	on: (date)				
Applicant signature:						
		eclarations Act 2010 a person wilfully making a false saration is guilty of a crime and is liable to a penalty or				
Supporting documen	ts checklist					
Prescribed applicatio	n fee – See the <u>Au</u>	ctioneer's licensing page for schedule of fees				
Current photo ID attached - Passport, Australian driver's licence or evidence of age card						
Current business name extract attached (if applicable)						
Evidence of name change (if applicable)						
Front and back copy of current interstate/New Zealand registration						
Completed and signed declaration						
Privacy statement						
The Northern Territo Information Act 2002	•	mplies with the Information Privacy Principals schedu	led by the			
Lodgement						
Complete application	ns can be lodged in	person, email or via post at a Territory Business Cent	re below:			
Darwin:	Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah					
Katherine:	Big Rivers Government Centre, 5 First Street, Katherine					
Tennant Creek:	Shop 2, Barkley House, Cnr Davidson and Paterson Streets, Tennant Creek					
Alice Springs	Ground Floor, The Green Well Building, 50 Bath Street Alice Springs					

territorybusinesscentre@nt.gov.au



GPO Box 9800 Darwin NT 0801

1800 193 111

## Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

Payment date: Receipt number: Amount paid:

