## Application for replacement of a commercial and private agents licence

Use this form to notify of a change to your individual commercial and private agents licence in accordance with the *Commercial and Private Agents Licensing Act 1979*.

See the commercial and private agent licence webpage for further information on applicant requirements.

| Licence details (if known)                                    |                |          |      |        |          |            |         |          |   |
|---|----------------|----------|------|--------|----------|------------|---------|----------|---|
| Licensee name   |                |          |      |        |          |            |         |          |   |
| Licence number  |                |          |      |        |          | Expiry da  | ate     |          |   |
| Select applicant type   | below.         |          |      |        |          |            |         |          |   |
| Company Ye  | s / No         | Partners | hip  | Yes /  | No       | Individua  | I       | Yes / No | ı |
| Applicant details   |                |          |      |        |          |            |         |          |   |
| Surname   |                |          |      |        |          | Date of b  | oirth   |          |   |
| Given name/s  |                |          |      |        |          |            |         |          |   |
| Other name/s (if appl   | icable)        |          |      |        |          |            |         |          |   |
| Postal address  |                |          |      |        |          |            |         |          |   |
| Suburb  |                |          |      |        | State    |            | Postco  | de       |   |
| Phone number  |                |          |      | Mobile | number   |            |         | ·        |   |
| Email address   |                |          |      |        |          |            |         |          |   |
| Reason for replacem   | ent            |          |      |        |          |            |         |          |   |
| Select reason for rep   | lacement belo  | ow.      |      |        |          |            |         |          |   |
| Lost Yes / No   | Stol           | en Yes   | / No |        | Destroye | ed Yes / I | No      |          |   |
| Describe how the licence was lost, stolen or destroyed below. |                |          |      |        |          |            |         |          |   |
|   |                |          |      |        |          |            |         |          |   |
|   |                |          |      |        |          |            |         |          |   |
|   |                |          |      |        |          |            |         |          |   |
|   |                |          |      |        |          |            |         |          |   |
|   |                |          |      |        |          |            |         |          |   |
|   |                |          |      |        |          |            |         |          |   |
|   |                |          |      |        |          |            |         |          |   |
| Receiving licence   |                |          |      |        |          |            |         |          |   |
| How do you wish to  | receive your l | icence?  | Post | Yes /  | No       | Collec     | tion Ye | es / No  |   |



| Applicant declaration | on |
|-----------------------|----|
| I, (full name):       |    |
| Of (address):         |    |

Solemnly and sincerely declare that:

- All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths*, *Affidavits and Declarations Act 2010*; and
- I have been appointed nominee of the corporation for the purposes of the Commercial and Private Agents Licensing Act, and am in bona fide control of the affairs of the corporation in the Northern Territory; and
- I have read and understood the information contained in this application; and
- I know that it is an offence to make a declaration that is false in any material particular.

| This declaration was made a | (location): | On (date): |  |
|-----------------------------|-------------|------------|--|
| Applicant signature:        |             |            |  |

**Note:** Under the *Oaths*, *Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.

| Checklist   |  |
|---|--|
| Complete and signed applicant declaration.  |  |
| Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached. For example: Drivers licence, passport, evidence of age card, firearms licence, working with children's card etc. |  |

## **Privacy statement**

The Northern Territory Government complies with the Information Privacy Principals scheduled by the *Information Act* 2002.

## Lodgement

Complete applications can be lodged in person, email or via post at a Territory Business Centre 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, Barkly House, Cnr Davidson and Paterson Streets, Tennant Creek       |  |  |
| Alice Springs: | Ground Floor, The Green Well Building, 50 Bath Street Alice Springs          |  |  |
| 1800 193 111   | territorybusinesscentre@nt.gov.au GPO Box 9800 Darwin NT 0801                |  |  |