Application for commercial and private agent licence under mutual recognition

Use this form to apply for a commercial agent, private bailiff, inquiry agent or process server licence under mutual recognition in accordance with Section 7 of the <u>Commercial and Private Agents Licensing Act 1979</u>. Note: You must be over 18 years to apply.

See the <u>commercial and private agent licence</u> webpage further information on applicant requirements.

Licence term (selec	ct one)							
3 years Yes /	[/] No	5 years	Yes / N	No				
Licence class (selec	ct applicable)							
Commercial agent	t	Yes / No	Inquiry	/ agent	Yes / N	0		
Private bailiff		Yes / No	Proces	s server	Yes / N	0		
Applicant type								
Surname:					Date of bir	th:		
Given name/s:								
Other name/s (if a	pplicable):							
Residential addres	ss:							
Suburb:				State:		Post	code:	
Is your postal add	ress the same	e as above? If no, comp	olete bel	low:				
Postal address:								
Suburb:				State:		Post	code:	
Contact details								
Phone number:			١	Mobile nun	nber:			
Email address:								
Do you agree to re	eceive corres	pondence via email?						Yes / No
Current equivalen	nt licence det	ails						
Specify all Australian States/Territories and/or New Zealand in which the applicant has substantive licences for the equivalent occupation(s) sought:								
State/Territory		Licence class held		L	icence numb	er	Ex	piry date



Principal place of bus	iness					
Is your principal place	of business add	dress the same as abov	e? If no, co	mplete belov	w.	
Business address:						
Suburb:			State:		Postcode:	
Do you intend to use	a business or tra	ading name? If yes, cor	mplete belo	ow.		
Business name:						
Business number:			Website a	ddress:		
Do you intend to carr	y on business fr	om more than one off	ce?			Yes / No
If yes, complete below. If more than one other place of business, copy and attached to this application.						
Other place of busine	ss details					
Business address:						
Suburb:			State:		Postcode:	
Phone number:			Mobile nu	mber:		
Email address:						
Approved manager de	etails					
Do you intend to carr	y on business as	s an agent on your owr	account?			Yes / No
If yes, complete below	v. If no, proceed	l to employer details.				
ABN:						
Are you the approved	manager for th	is licence?				Yes / No
If no, please provide o	letails of approv	ved manager below.				
Approved manager na	ame:					
Approved manager lic	ence number:					
Employer details/dec	laration					
Employer name:			L	icence numb	er:	
Postal address:						
Suburb:			State:		Postcode:	
Phone number:			Mobile nu	mber:		
Email address:						
I declare that the aborapplicant's disclosures		mployed by the above	business a	nd that I hav	e read and ce	ertify the
Employer signature:				Date:		

Proof of identity (ID)

The applicant <u>must attach</u> either one of the following combinations:

- One primary and two secondary documents; or
- Two primary and one secondary documents from the list below.

ID must include at least one type of primary ID that contains the applicants name and date of birth. If you are unable to provide the required documents please contact Occupational Licensing on 1800 193 111.

Primary document	Select
Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled)	Yes / No
Australian drivers licence	Yes / No
Licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo i.e HRWL licence, working with children's card etc	Yes / No
Proof of Age Card issued by an Australian State or Territory	Yes / No
Identity document issued by an Aboriginal Land Council that has your photograph	Yes / No
Secondary document	Select
Australian birth certificate/card	Yes / No
Australian citizenship certificate	Yes / No
Photo ID card showing you are a Commonwealth, State or Territory Government employee	Yes / No
Medicare, centrelink or health care card	Yes / No
Council rates notice with your name and current residential address	Yes / No
Utilities notice with your name and current residential address	Yes / No
Foreign drivers licence	Yes / No
r or organizations in cornect	
Disclosures 1. Are there any special conditions that apply to your current registration(s) in any Australian State, Territory or New Zealand?	Yes / No
Disclosures 1. Are there any special conditions that apply to your current registration(s) in any Australian State, Territory or New Zealand? If yes, provide details below: 2. Are you the subject of any disciplinary proceedings in any Australian State, Territory or New Zealand (including any preliminary investigations or actions that might lead to	Yes / No
Disclosures 1. Are there any special conditions that apply to your current registration(s) in any Australian State, Territory or New Zealand? If yes, provide details below: 2. Are you the subject of any disciplinary proceedings in any Australian State, Territory or New Zealand (including any preliminary investigations or actions that might lead to disciplinary proceedings) in relation to the specified occupations?	
Disclosures 1. Are there any special conditions that apply to your current registration(s) in any Australian State, Territory or New Zealand? If yes, provide details below: 2. Are you the subject of any disciplinary proceedings in any Australian State, Territory or New Zealand (including any preliminary investigations or actions that might lead to disciplinary proceedings) in relation to the specified occupations?	
Disclosures 1. Are there any special conditions that apply to your current registration(s) in any Australian State, Territory or New Zealand? If yes, provide details below: 2. Are you the subject of any disciplinary proceedings in any Australian State, Territory or New Zealand (including any preliminary investigations or actions that might lead to	

4. Are you prohibite occupation in any sought?	Yes / No						
If yes, provide details below:							
, ,,							
5. Are you subject to any special condition in carrying out the specified occupation(s) as a result of criminal, civil or disciplinary proceedings in any Australian State, Territory or New Zealand?							
If yes, provide details	below:						
Receiving licence							
How do you wish to receive your licence?							
Post Yes / No	Collection	Yes / No	Email	Yes / No			
Applicant declaration	າ						
I, (full name):							
Of (address):							
	s and information co	•	-		e best of my		
	virtue of the Oaths	, Affidavits and De	clarations Act 201	l0; and			
	as specified; and	o NT in accordan	co with the mutu	al racagnition pri	asiple: and		
•	to be registered in the				· ·		
 I consent to the making of inquiries of and the exchange of information with, the authorities of any Australian State, Territory or New Zealand, regarding my activities in the occupation, and otherwise in respect of matters relevant to this notice; and 							
I have declared any special condition to which I am subject in carrying on the occupation; 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 at (location):			On (date):			
Applicant signature:							
Note: Under the <i>Oaths</i> , <i>Affidavits and Declarations</i> 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	
Prescribed application fee – See the <u>commercial and private agent licences</u> page for fees. Note: a granting fee must be paid once your licence is granted. You will be advised of the amount once your application has been approved.	Yes / No
Complete and signed applicant declaration.	Yes / No
Proof of identity (ID) documents attached.	Yes / No
Copy of current interstate licence attached.	Yes / No
Application for approval as an agent's manager attached (If applicable. Note manager must reside in Australia).	Yes / No

Privacy statement

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

Disclaimer

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act* 2002.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to Occupational Licensing and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act* 2002, or the Office of the Information Commissioner NT.

Lodgement

Complete applications can be lodged in person, email or via post at a Territory Business Centre below:

острато приноми	The same to age at the person of the person			
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			

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	
---------------	-----------------	-------------	--