

Property Agent

Application for Renewal of a Licence by a Partnership Firm

Term of Licence		
<input type="checkbox"/> 1 Year	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 5 Years
Licence Details		
Licensee Name:		
Licence Number:	Expiry Date:	
Licence Category Held (select only one):		
<input type="checkbox"/> Business Agent	<input type="checkbox"/> Conveyancing Agent	<input type="checkbox"/> Real Estate Agent
<input type="checkbox"/> Real Estate and Business Agent		
Applicant Details		
Full Name of Firm:		
ABN:		
Firm Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Postal Address and Contact Details		
<input type="checkbox"/> Postal Address is the same as Firm Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Email:	Fax Number:	
Principal Place of Business		
<input type="checkbox"/> Principal Place of Business Address is the same as Firm Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Email:	Fax Number:	
Name of Business Manager:		
Business Manager Licence Number:		
Does the Firm use a Business or Trading Name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, provide Business Name, Business Number and Website</i>		
Business Name:		
Business Number:		
Website:		

Property Agent

Application for a Renewal of a Licence by a Firm

Does the Firm intend to carry on business from more than one office? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If Yes, fill in details in section: Details of Other Place of Business</i>		
Details of Other Place of Business (1)		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Name of Business Manager:		
Business Manager Licence Number:		
Details of Other Place of Business (2)		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Name of Business Manager:		
Business Manager Licence Number:		
Note: <i>If more than 2 other places of business need to be recorded, please complete the details on a separate sheet and attach to this application.</i>		
Disclosures		
1. In the last 12 months has there been a change in the partners, general manager or other principal officer of the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		
2. In the last 12 months has the firm, a partner or other person concerned in the management of the firm been the subject of a winding-up order or the appointment of a controller or administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		
3. In the last 12 months has any partner or person concerned in the management of the firm been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(If yes, please provide relevant details)</i>		

Property Agent

Application for a Renewal of a Licence by a Firm

4. In the last 12 months has any partner or person concerned in the management of the Firm been found guilty (whether or not in the Territory) of an offence that involves dishonesty or violence or an offence against the <i>Misuse of Drugs Act</i> or the <i>Kava Management Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
5. In the last 12 months has any partner or person concerned in the management of the Firm been disqualified from holding a licence, certificate of registration or had a licence, certificate or other authority suspended under the <i>Consumer Affairs and Fair Trading Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
6. Is any partner or person concerned in the management of the Firm mentally incapable of performing duties of a partner or manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
7. Has any partner or person concerned in the management of the Firm failed to pay a monetary penalty payable under this <i>Agents Licensing Act</i> , the <i>Consumer Affairs and Fair Trading Act</i> or corresponding law, or failed to comply with a direction given by the Agents Licensing Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
8. Has the Firm failed to provide the Board with an auditor's report required under the <i>Agents Licensing Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
Unattested Declaration under the <i>Oaths, Affidavits and Declaration Act</i>		
I, <i>(Full Name)</i> of: <i>(Address)</i>		
solemnly and sincerely declare that:		
1. All statements and information contained in this application are true and correct to the best of my knowledge;		
2. I have read and understood the information contained in this application; and I further state that:		
3. This declaration is true and correct; and		
4. I know that it is an offence to make a declaration that is false in any material particular;		
This declaration is made at: <i>(Location)</i> on: <i>(Date)</i>		
Signature		
Note: A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.		

Property Agent

Application for Renewal of a Licence by a Partnership Firm

Supporting Documents

The following documents are required to be lodged with the application:

- Current Business Name Extract (if applicable).
- Evidence of lodgement of a Criminal History Check with Safe NT for each new Partner and each person concerned in the management and control of the Firm (unless they hold a current licence under the *Agents Licensing Act*).
- Certified copy of current photographic identification for each new Partner and each new person concerned in the management and control of the Firm.

Application Notes

Please read the below notes before you submit your application to renew a licence as a Firm.

The following supporting documentations must be provided with this application:

- a current business name extract.
- a completed and signed unattested declaration, available in the 'Unattested Declaration' section above.

If there have been changes to the Officers of the Firm you must fill in the form for Notification of New Officer of the Firm at Page 5 below and provide the following for each new Officer of the Firm (a partner or officer with substantial control of the Firm) you must provide:

- a current drivers licence or passport.
- evidence that a [Criminal History Check Application](https://nt.gov.au/industry/licences/police-and-probity-checks-for-licensing) (https://nt.gov.au/industry/licences/police-and-probity-checks-for-licensing) has been lodged; a charge applies for this application.
- a referee statement completed by an authorised person, available in the 'Referee Statement' section above.
- a completed disclosure, available in the 'Disclosures' section above.
- a completed and signed unattested declaration, available in the 'Unattested Declaration' section above.

More information and a schedule of **FEES** is available at <https://nt.gov.au/industry/licences/real-estate-business-and-conveyancing-agents>

Privacy Statement

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

Fees and Payment

Contact your local Territory Business Centre for the relevant schedule of fees.

Cash – Territory Business Centre

Cheque - payable to **Receiver of Territory Monies (RTM)**

Credit card Visa MasterCard

Name on Card

Credit Card Number -----

Credit Card Expiry Date __ / __ (MM/YY)

I hereby authorise the Territory Business Centre to debit the above credit card for the amount of \$

Amount in words

Signature

Date

Contact Phone Number

Property Agent

Notification of a New Partner or Officer of the Firm

Complete the following sections for a <u>New Officer of the Firm</u>. If there is more than one <u>New Officer of the Firm</u>, photocopy and complete the following sections for each officer. Attach the additional pages when you submit your application.		
Officer of the Firm <i>(photocopy and complete for each new Officer of the Firm if more than one)</i>		
Details of each new Partner of the Firm and each person who substantially controls or could substantially control the affairs of the Firm.		
Surname:	Title:	
Given Name(s):	Other Names:	
Date of Birth:		
Position Held: <input type="checkbox"/> Partner <input type="checkbox"/> Other (please specify)		
Postal Address and Contact Details <i>(photocopy and complete for each new Officer of the Firm if more than one)</i>		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Referee Statement <i>(photocopy and complete for each new Officer of the Firm if more than one)</i>		
Each new Partner of the Firm and each person who substantially controls the affairs of the Firm must have Referee Statement completed by an Authorised Person (Refer to page 7).		
Referee Statement provided by: <i>(Full Name)</i>		
of: <i>(Address)</i>		
Suburb:		
Position Title:		
declare that I have known: <i>(Applicant Name)</i>		
for <i>(insert number of years)</i> year(s) and that in my opinion he/she is a person of good fame and character.		
Referee Signature		Date of Declaration:
Disclosures <i>(photocopy and complete for each new Officer of the Firm if more than one)</i>		
1. In the 10 years immediately before applying for the licence, have you been found guilty <input type="checkbox"/> Yes <input type="checkbox"/> No (whether or not in the Territory) of an offence that involves dishonesty or violence or an offence against the <i>Misuse of Drugs Act</i> or the <i>Kava Management Act</i> ?		
<i>(If yes, please provide relevant details)</i>		
2. Are you an undischarged bankrupt or have you applied to take the benefit of any law for <input type="checkbox"/> Yes <input type="checkbox"/> No the relief of bankrupt or insolvent debtors, compounded with creditors or made an assignment of your remuneration for their benefit?		
<i>(If yes, please provide relevant details)</i>		

Property Agent

Notification of New Partner or Officer of the Firm

3. Are you mentally incapable of performing duties as an agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
4. Are you disqualified from holding a licence, certificate of registration or had a licence, certificate or other authority suspended under the <i>Consumer Affairs and Fair Trading Act</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
5. Have you failed to pay a monetary penalty payable under this <i>Agents Licensing Act</i> , the <i>Consumer Affairs and Fair Trading Act</i> or corresponding law, or failed to comply with a direction given by the Agents Licensing Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
6. Are you in breach of a provision of the <i>Agents Licensing Act</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
Unattested Declaration under the Oaths, Affidavits and Declaration Act <i>(photocopy and complete for each new Officers of the Firm if more than one)</i>	
I, <i>(Full Name)</i>	of: <i>(Address)</i>
solemnly and sincerely declare that:	
1. All statements and information contained in this application are true and correct to the best of my knowledge;	
2. I have read and understood the information contained in this application; and I further state that:	
3. This declaration is true and correct; and	
4. I know that it is an offence to make a declaration that is false in any material particular;	
5. I authorise the Department of the Attorney General and Justice to make any enquiries and to receive and disclose any information relevant to this application;	
6. I acknowledge that specific information will be placed on public register in accordance with the <i>Agents Licensing Act</i> ;	
7. I acknowledge that if licensed, the Firm will be required be insured under an approved indemnity insurance policy within the meaning of section 108A of the Act, for the whole period of the licence, unless exempted;	
8. I acknowledge that if licensed, the Firm will be required to open a trust account(s) at an ADI or the Territory Insurance Office within 7 days of the grant of the licence and provide the Registrar with notification of the account(s), unless exempted.	
This declaration is made at: <i>(Location)</i>	on: <i>(Date)</i>
Signature	
Note: A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.	

Property Agent

Notification of a New Partner or Officer of the Firm

Authorised Persons

The Referee Statement is a character reference and must be completed by an authorised person who is:

- I. a person authorised by the Oaths Act to administer an oath for any purpose;
- II. a Justice of the Peace;
- III. a commissioner for declarations appointed by the Attorney-General of the Commonwealth under the Statutory Declaration Act 1959 of the Commonwealth;
- IV. a legal practitioner;
- V. a member of the Northern Territory Police Force;
- VI. a bank manager;
- VII. a judge;
- VIII. a magistrate;
- IX. a notary public;
- X. a Registrar appointed under the Local Court Act;
- XI. a master appointed under the Supreme Court Act;
- XII. a commissioner for taking affidavits in the Supreme Court of a State or Territory;
- XIII. a licensed agent;
- XIV. a person registered or enrolled under the Health Practitioners Act , (e.g. Medical Practitioner, Pharmacist, Dentist, Registered Nurse etc.);
- XV. a person registered as a teacher under the Teaches Registration (Northern Territory) Act;
- XVI. a person who holds an office, appointment or authority in a State or Territory equivalent to any of those specified in (i) to (xv).

The person completing the Referee Statement **must not be a relation** as defined under Regulation 17(2) of the Agents Licensing Regulations and must have known the person to whom the testimonial relates for a period of not less than 12 months.

Lodgement Options

Applications can be lodged at a Territory Business Centre with the prescribed fee at:

Darwin

Darwin Corporate Park
Ground Floor, Building 3
631 Stuart Highway
Berrimah
GPO Box 9800
Darwin NT 0801
t: (08) 8982 1700
f: (08) 8982 1725
Toll free: 1800 193 111

e: territory.businesscentre@nt.gov.au

Katherine

Shop 1, Randazzo Building
18 Katherine Terrace
Katherine
PO Box 9800
Katherine NT 0851
t: (08) 8973 8180
f: (08) 8973 8188

e: territory.businesscentre@nt.gov.au

Tennant Creek

Shop 2, Barkley House
Cnr Davidson and Paterson Streets
Tennant Creek
PO Box 9800
Tennant Creek NT 0861
t: (08) 8962 4411
f: (08) 8982 1725

e: territory.businesscentre@nt.gov.au

Alice Springs

Ground Floor, The Green Well Building
50 Bath Street
Alice Springs
PO Box 9800
Alice Springs NT 0871
t: (08) 8951 8524
f: (08) 8951 8533

e: territory.businesscentre@nt.gov.au