

Property Agent

Application for a Licence as an Agent under Mutual Recognition

Term of Licence			
<input type="checkbox"/> 1 Year	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 5 Years	
Class of Licence			
Please select licence the applicant is applying for (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			
Surname:		Title:	
Given Name(s):		Other Names:	
Date of Birth:		Place of Birth:	
Postal Address and Contact Details			
Unit/Building Number:		Street Number:	
Street Name:			
Suburb:		State:	Postcode:
Country:			
Telephone:		Mobile:	
Fax Number:			
Email:			
Details of Current Equivalent Licence			
Specify all Australian States/Territories and/or New Zealand in which the applicant has substantive licences for the equivalent occupation(s) sought.			
State	Licence Held	Licence Number	Expiry Date
1.			
2.			
3.			
Principal Place of Business			
Does the applicant intend, if the licence is granted, to carry on business as an agent on your own account? (If yes, please answer question below. If no, proceed to Employer Details and Employer Declaration)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant intend to use a Business or Trading Name? (If yes, fill in all details. If no, fill in all details except Business Name, Business Number, and Website)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details of the registered Business Name:			
Business Name:			
Business Number:			
Website:			
Unit/Building Number:		Street Number:	
Street Name:			
Suburb:		State:	Postcode:
Country:			

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Do you 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:		
<i>If more than 2 other places of business please complete the details on a separate sheet and attach to this application.</i>		
Employer Details		
Name of current Employer:		
Licence Number:		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Employer Declaration		
<input type="checkbox"/> Employer declares that they are to be employed as the Approved Manager for the above referred licence.		
<input type="checkbox"/> Employer certifies that they have read applicant's disclosures.		
Date Employer Signed:	Employer Signature	

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Disclosures	
1. Are there any special condition(s) that apply to your current licence(s) in any Australian State, Territory or New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
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 occupation(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
3. Has your licence as an agent in another Australian State, Territory or New Zealand been cancelled or suspended as a result of disciplinary proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
4. Are you prohibited or restricted from carrying on the specified occupation(s) or equivalent occupation(s) in any Australian State, Territory or New Zealand for which registration is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>	
Declaration under the Oaths, Affidavits and Declaration Act	
I, <i>(Full Name)</i>	of: <i>(Address)</i>
solemnly and sincerely declare that:	
<ol style="list-style-type: none">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;3. I am licensed as specified in the application;4. I am seeking to be licensed in the NT in accordance with the mutual recognition principle;5. I consent to the making of inquiries of, exchange of information with, the authorities of any Australian State, Territory or New Zealand, regarding my activities in the relevant occupation(s), and otherwise in respect of matters relevant to this application;6. I have declared any special condition to which I am subject in carrying on the occupation(s); and7. I know that it is an offence to make a declaration that is false in any material particular.	
Signature:	on: <i>(Date)</i>
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.	

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Supporting Documents

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

- Original instrument (licence) or a certified copy of the instrument evidencing existing licence in all Australian States, Territory or New Zealand.
- Current photographic identification (e.g. current driving licence or a passport).

Application Notes

Please read the below notes before you submit your application.

1. Under the [Mutual Recognition Act 1992 \(Cwth\)](#), if you have an occupational licence or registration issued in a State or Territory of the Commonwealth you are entitled to have that licence or registration recognised in the Northern Territory under most circumstances.
2. You must provide the following supporting documents with this application:
 - the original licence, or a certified copy of the Australian State, Australian Territory or New Zealand licence you are applying to have recognised.
 - a current drivers licence or passport.
 - if you are not carrying on business under your own account you must provide a completed and signed "Employer Declaration", available in the 'Employer Declaration' section above.
 - a completed signed and witnessed "Applicant Declaration" available in the 'Applicant Declaration' section above.
3. 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

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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