

# Application for a property agent licence as a firm (Partnership)

Licence term (select one)					
1 year	<input type="checkbox"/>	3 years	<input type="checkbox"/>	5 years	<input type="checkbox"/>
Licence class (select one)					
Business agent	<input type="checkbox"/>	Conveyancing agent	<input type="checkbox"/>		
Real estate agent	<input type="checkbox"/>	Real estate and business agent	<input type="checkbox"/>		
Applicant details					
Firm name:			ABN:		
Firm address:					
Suburb:		State:		Postcode:	
Is your postal address the same as above? If no, complete below:					
Postal address:					
Suburb:		State:		Postcode:	
Contact details					
Phone number:		Mobile number:			
Email address:					
Principle place of business					
Is your principle place of business address the same as above				Yes / No	
If no, complete below					
Business manager name:		Licence number:			
Business address:					
Suburb:		State:		Postcode:	
Does the firm intend to use a business or trading name?				Yes / No	
If yes, provide business name, business number and website address below					
Business name:					
Business number:					
Website address:					
Do you intend to carry on business from more than one office?				Yes / No	
If yes, fill in the details below. If more than one other places of business, copy and attach to application					
Details of other place of business					
Business manager name:		Licence number:			
Business address:					
Suburb:		State:		Postcode:	
Phone number:		Mobile number:			
Email address:					

Firm officer/partners (photocopy and complete for each officer of the company if more than one)					
Details of each officer or partner of the firm and each person who substantially controls or could substantially control the affairs of the company.					
Surname:				Date of birth:	
Given name/s:					
Other name/s (if applicable):					
Position held:	Partner	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	
Postal address:					
Suburb:		State:		Postcode:	
Phone number:		Mobile number:			
Email address:					
Referee statement					
Each officer of the firm and each person who substantially controls the affairs of the company must have referee statement completed by an authorised person (Refer to page 5).					
Referee name:					
of: (address)					
Suburb:		State:		Postcode:	
Position title:					
declare that I have known (applicants name):					
For (number of years):		year(s) and that in my opinion he/she is a person of good fame and character.			
Referee signature:				Date:	
Disclosures					
In the 10 years immediately before applying for the licence, have you 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 1990</i> or the <i>Kava Management Act 1998</i> ?					Yes / No
If yes, please provide details below					
Are you an undischarged bankrupt or have you applied to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounded with creditors or made an assignment of your remuneration for their benefit?					Yes / No
If yes, please provide details below					
Are you mentally incapable of performing duties as an agent?					Yes / No
If yes, please provide details below					

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 1990</i> ?	Yes / No
If yes, please provide details below	
Have you failed to pay a monetary penalty payable under this <i>Agents Licensing Act 1979</i> , the <i>Consumer Affairs and Fair Trading Act 1990</i> or corresponding law or failed to comply with a direction given by the Agents Licensing Board?	Yes / No
If yes, please provide details below	
Are you in breach of a provision of the <i>Agents Licensing Act 1979</i> ?	Yes / No
If yes, please provide details below	
<b>Company officer declaration</b>	
I, (full name):	
Of (address):	
Solemnly and sincerely declare that:	
<ul style="list-style-type: none"> <li>All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>; and</li> <li>I have read and understood the information contained in this application; and</li> <li>The declaration is true and correct; and</li> <li>I consent to the making of inquiries of, exchange of information with the authorities of the Australian States and/or Territory, regarding my activities in the relevant occupation(s) or otherwise regarding matters relevant to this application; and</li> <li>I acknowledge that specific information will be placed on public register in accordance with the <i>Agents Licensing Act 1979</i>; and</li> <li>I acknowledge that if licensed, the firm/company will be required be insured under an approved indemnity insurance policy within the meaning of section 108A of the <i>Agents Licensing Act 1979</i>, for the whole period of the licence, unless exempted; and</li> <li>I acknowledge that if licensed, the firm/company 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; and</li> <li>I know that it is an offence to make a declaration that is false in any material particular.</li> </ul>	
This declaration is made at: (location)	on: (date)
Applicant signature:	
<b>Note:</b> Under the <i>Oaths, Affidavits and Declarations Act 2010</i> 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.	

Applicant declaration			
I, (full name):			
Of (address):			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> <li>All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>; and</li> <li>I have read and understood the information contained in this application; and</li> <li>The declaration is true and correct; and</li> <li>I know that it is an offence to make a declaration that is false in any material particular.</li> </ul>			
This declaration is made at: (location)			on: (date)
Applicant signature:			
<p><b>Note:</b> Under the <i>Oaths, Affidavits and Declarations Act 2010</i> 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.</p>			
Supporting documents checklist			
Prescribed application fee – See the real <a href="#">estate, business and conveyancing agent's</a> page for current fee.	<input type="checkbox"/>		
Criminal name check results for <b>each</b> new partner and each person concerned in the management and control of the company (unless they hold a current licence under the <i>Agents Licensing Act 1979</i> attached).	<input type="checkbox"/>		
<b>Note:</b> Criminal history name check results can take up to 6 weeks to be processed by SAFE NT.			
Completed and signed referee statement, disclosure and declaration for each partner and each person concerned in the management and control of the company.	<input type="checkbox"/>		
Current business name extract (if applicable)	<input type="checkbox"/>		
Current photo ID for each new partner and each new person concerned in the management and control of the company attached - Passport, Australian driver's licence or evidence of age card	<input type="checkbox"/>		
Completed and signed officer declaration	<input type="checkbox"/>		
Completed and signed applicant declaration	<input type="checkbox"/>		

### 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 2015*;
- XI. a master appointed under the *Supreme Court Act 1935*;
- 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 2004*, (e.g. Medical Practitioner, Pharmacist, Dentist, Registered Nurse etc.);
- XV. a person registered as a teacher under the *Teachers Registration (Northern Territory) Act 2004*;
- 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.

### Privacy statement

The Northern Territory Government complies with the Information Privacy Principles 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, Barkley House, Cnr Davidson and Paterson Streets, Tennant Creek	
Alice Springs:	Ground Floor, The Green Well Building, 50 Bath Street Alice Springs	
1800 193 111	<a href="mailto:territorybusinesscentre@nt.gov.au">territorybusinesscentre@nt.gov.au</a>	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: