

Property Agent

Application for a Licence as a Firm (Partnership)

| 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 | | |
| 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: | |
| Fax Number: | | |
| Email: | | |
| 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: | |
| Fax Number: | | |
| Email: | | |
| Name of Business Manager: | | |
| Business Manager Licence Number: | | |
| Does the Firm intend, if the licence is granted, to use a Business or Trading Name? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If Yes, please include Business Name and Business Number</i> | | |
| Business Name: | | |
| Business Number: | | |
| Website: | | |

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| 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: | | |
| <i>If more than 2 other places of business please complete the details on a separate sheet and attach to this application.</i> | | |

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| Complete the following sections for an Officer/Partner of the Firm (Partnership). Photocopy and complete the following sections for each officer/partner of the Firm. Attach the additional pages when you submit your application. | | |
| Officers/Partners of the Firm (Partnership) <i>(photocopy and complete for each Officer/Partner)</i> | | |
| Details of each Officer or 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 (specify) | | |
| Postal Address and Contact Details <i>(photocopy and complete for each Officer/Partner)</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 Officer/Partner)</i> | | |
| Each Officer 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: | State: | Postcode: |
| 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 Officer/Partner)</i> | | |
| 1. 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</i> or the <i>Kava Management Act</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <i>(If yes, please provide relevant details)</i> | | |
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| 2. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>(If yes, please provide relevant details)</i> | | |
| 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 Officer/Partner)</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 a 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. | | |

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| Unattested Declaration under the Oaths, Affidavits and Declaration Act <i>(Applicant Declaration)</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. | |
| Supporting Documents | |
| The following documents are required to be lodged with the application: | |
| <input type="checkbox"/> Evidence of the NT News advertisement, a copy of the full page of the newspaper with the date must be provided. | |
| <input type="checkbox"/> Current Business Name Extract. | |
| <input type="checkbox"/> A completed referee statement, disclosure and declaration for each Partner and each person concerned in the management and control of the firm. | |
| <input type="checkbox"/> Evidence of lodgement of a Criminal History Check with Safe NT for each Officer and each person concerned in the management and control of the firm (unless they hold a current licence under the <i>Agents Licensing Act</i>). | |
| <input type="checkbox"/> Certified copy of current photographic identification for each partner and person concerned in the management and control of the firm. | |
| Application Notes | |
| There are a number of steps you must complete to apply for a new licence as a firm. Please read the below notes to ensure you complete all the required steps before you submit your application. | |
| 1. Under section 25 of the Agents Licensing Act a firm is eligible to be granted a licence if the Board is satisfied that: | |
| <ul style="list-style-type: none">the firm has the power to carry on business as an agentall of the firm's partners and people concerned in the firm's management and control are fit and proper within the meaning of section 20 of the Act. | |
| 2. Before applying for a licence as a firm, the firm must take out an advertisement in the NT News to inform the public of the application and allow a 14 day period for people to object to the licence being granted. | |
| For Northern Region applicants, the ad must be placed in the 'public notices' section of the NT News Saturday edition. Southern Region applicants must place the ad in the 'public notices' section of the Friday edition of the Centralian Advocate. | |
| The licence application must be lodged with the registrar within 14 days of the notice being published. | |
| An example of the wording of the public notice is: | |
| <i>Notice of intention to apply for Real Estate Agents Licence. (Full name of applicant), of (full address of applicant) intends to apply for the above licence under the Agents Licensing Act. Any objection to this application is to be made in writing to the Registrar of Land, Business and Conveyancing Agents, GPO Box 1154, Darwin, 0801 and received within 14 days of this notice.</i> | |

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3. Under the [Agents Licensing Regulations](http://www.austlii.edu.au/au/legis/nt/consol_reg/alr273/) (http://www.austlii.edu.au/au/legis/nt/consol_reg/alr273/), **all partners and people involved in the firm's management and control must provide:**
 - a certified copy of their passport or drivers licence, which is current or expired within two years
 - 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 for the applicant and each officer of the corporation, available in the 'Referee Statement' section above.
 - a disclosure for each officer of the corporation associated with this application, available in the 'Disclosures' section above.
 - an unattested declaration for each officer of the firm associated with this application, available in the 'Unattested Declaration' section above.
4. **The applicant must provide** the following supporting documents:
 - a copy of the full page from the NT News (including the publication date) containing the advertisement of the notice of intent
 - a current business name extract
 - a completed and signed unattested declaration, available in the 'Unattested Declaration' section above.
5. More information and a schedule of **FEES** is available at <https://nt.gov.au/industry/licences/real-estate-business-and-conveyancing-agents>

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.

Privacy Statement

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

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| Fees and Payment | | |
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| Contact your local Territory Business Centre for the relevant schedule of fees. | | |
| Cash – Territory Business Centre <input type="checkbox"/> | | |
| Cheque - payable to Receiver of Territory Monies (RTM) <input type="checkbox"/> | | |
| Credit card | Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/> |
| Name on Card | | |
| Credit Card Number | | |
| Credit Card Expiry Date | | |
| 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 |
| 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 | |