

Property Agent

Application for a Renewal of a Licence by an Individual / Sole Trader

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		
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:		
Employer Details		
Are you currently carrying on business as a licensed agent on your own account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>(if yes, skip this block and fill in the Principal Place of Business block on page 2. If No, fill in details below)</i>		
Name of 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 employed by the business referred to above.		
<input type="checkbox"/> Employer certifies that they have read applicant's disclosures.		
Employer Signature:	Date Employer Signed	

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Principal Place of Business			
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			
Business Name:			
Business Number:			
Website:			
Unit/Building Number:		Street Number:	
Street Name:			
Suburb:		State:	Postcode:
Country:			
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:			
<i>If more than 2 other places of business please complete the details on a separate sheet and attach to this application.</i>			
Disclosures			
1. 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> in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<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 the relief of bankrupt or insolvent debtors, compounded with creditors or made an assignment of your remuneration for their benefit in the past 12 months? <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>			

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4. Have you 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> in the past 12 months, or have you had a licence, certificate or other authority suspended?	<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 the <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, in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If yes, please provide relevant details)</i>		
6. If applicable, have you failed to provide the Board with an auditor's report required to be provided under the <i>Agent's 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, <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"/> Current photographic identification.		
<input type="checkbox"/> Current Business Name Extract (if applicable).		
Application Notes		
Please read the below notes before you submit your application to renew a licence as an individual or sole trader.		
1. The following supporting documentations must be provided with this application:		
<ul style="list-style-type: none">• a current drivers licence or passport• if you are not conducting business under your own account you must provide a completed and signed Employer Declaration, available in the 'Employer Declaration' section above.• evidence of a name change (if applicable)		
2. 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 Principles scheduled by the <i>Information Act</i> .		

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Fees and Payment		
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 ____ / ____ (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
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	