

# Application for registration as an agents representative under mutual recognition

Applicant details					
Surname:		Date of birth:			
Given name/s:					
Other name/s: (if, applicable)					
Residential 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:					
Current equivalent registration details					
Specify all Australian States/Territories and/or New Zealand in which the applicant has substantive registration for the equivalent occupation(s) sought.					
State	Registration held	Registration number	Expiry date		
Employer details					
Licenced agent name:		Licence number:			
Business name:					
Employer address:					
Suburb:		State:		Postcode:	
Phone number:		Mobile number:			
Email address:					
I declare that the above applicant is to be employed as an agent's representative and that I have read and certify the applicant's disclosures.					<input type="checkbox"/>
Employer signature:		Date:			
Disclosures					
Are you subject of any special condition(s) in carrying out the occupation as an agent's representative/salesperson or equivalent in any Australian State, Territory or New Zealand?					Yes / No
If yes, please provide details below					

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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 occupation of agent's representative/sales person?	Yes / No
If yes, please provide details below	
Has your registration as an agent's representative/sales person in another Australian State, Territory or New Zealand been cancelled or suspended as a result of disciplinary proceedings?	Yes / No
If yes, please provide details below	
Are you prohibited or restricted from carrying on the occupation of an agent's representative/salesperson or an equivalent occupation in any Australian State, Territory or New Zealand for which registration is sought?	Yes / No
If yes, please provide details below	
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?	Yes / No
If yes, please provide details below	
<b>Applicant 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>I am registered as an agents representative/salesperson (however described) as specified; and</li> <li>I am seeking registration in the NT in accordance with mutual recognition legislation; and</li> <li>I consent to the making of inquiries of and the exchange of information with, the authorities of any Australian State, Territory or New Zealand, regarding my activities in the occupation, and otherwise in respect of matters relevant to this notice; and</li> <li>I have declared any special condition to which I am subject in carrying on the occupation; 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:	

**Note:** Under the *Oaths, Affidavits and Declarations Act 2010* 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.

### Supporting documents checklist

Prescribed application fee – See the <a href="#">register as an agent's representative</a> page for current fee.	<input type="checkbox"/>
Current photo ID attached - Passport, Australian driver's licence or evidence of age card	<input type="checkbox"/>
Front and back copy of current interstate/New Zealand registration certificate	<input type="checkbox"/>
Completed and signed employer declaration	<input type="checkbox"/>
Completed and signed declaration	<input type="checkbox"/>

### 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:
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