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| **Registration type** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Interim registration | | | |  | | | | | | | Restricted to property management | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Full registration | | | |  | | | | | | | Restricted to sales | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | | |  | | | | | | | | | | Expiry date: | | | | | |  | | | | | | | | | | | | | | | | | |
| **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: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | | | | | | State: |  | | | | | | | | | Postcode: | | | | | | |  | |
| Phone number: | | |  | | | | | | | | | | | | | | Mobile number: | | | | | | |  | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that the above applicant is to be employed by the business above and that I have read and certify the applicant’s disclosures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Business manager name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business manager signature: | | | | | | | | |  | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | |
| **Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the 10 years immediately before applying for the registration, have you been found guilty (whether or not in the Territory) of an offence that involves dishonesty or violence or an offence against the Misuse of Drugs Act 1990 or the Kava Management Act 1998? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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’s representative? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, please provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been disqualified from holding a licence, certificate of registration or other authority under the Consumer Affairs and Fair Trading Act 1990 or have you had a licence, certificate or other authority suspended? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, please provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you failed to pay a monetary penalty payable under this Agents Licensing Act 1979, the Consumer Affairs and Fair Trading Act 1990 or corresponding law or failed to comply with a direction given by the Agents Licensing Board? (If yes, please provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, please provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of: (address) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I have read and understood the information contained in this application; and * I am employed by, or in the service of, a licensed real estate agent within the Territory; and * The declaration is true and correct; and * I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 [register as an agent’s representative](https://nt.gov.au/industry/licences/register-agents-representative) page for current fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Current photo ID attached - Passport, Australian driver’s licence or evidence of age card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Employer declaration signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Evidence of name change (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Completed and signed declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government complies with the Information Privacy Principals 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 | | | | | | | | [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | | | 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: | | | | | | | | | | |  | | | | |