|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Use this form to apply for a commercial agent, private bailiff, inquiry agent or process server licence under mutual recognition in accordance with Section 7 of the [*Commercial and Private Agents Licensing Act 1979*](https://legislation.nt.gov.au/en/Legislation/COMMERCIAL-AND-PRIVATE-AGENTS-LICENSING-ACT-1979).  Note: You must be over 18 years to apply.  See the [commercial and private agent licence](https://nt.gov.au/industry/licences/commercial-and-private-agents) webpage further information on applicant requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence term** (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 years | | Yes / No | | | | | | | | | | | | 5 years | | | Yes / No | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence class** (select applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial agent | | | | | | | | | | | Yes / No | | | | | | Inquiry agent | | | | | | | | | | | Yes / No | | | | | | | | | | | | |
| Private bailiff | | | | | | | | | | | Yes / No | | | | | | Process server | | | | | | | | | | | Yes / No | | | | | | | | | | | | |
| **Applicant type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you agree to receive correspondence via email? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| **Current equivalent licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify all Australian States/Territories and/or New Zealand in which the applicant has substantive licences for the equivalent occupation(s) sought: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State/Territory | | | Licence class held | | | | | | | | | | | | | | | | | | | Licence number | | | | | | | | | | | | | Expiry date | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| **Principal place of business** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your principal place of business address the same as above? If no, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | | | | | | | | | | | | State: | | | |  | | | | | | | | Postcode: | | | | | | | |  |
| Do you intend to use a business or trading name? If yes, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business number: | | | | | |  | | | | | | | | | | | | | Website address: | | | | | | | | | | |  | | | | | | | | | | |
| Do you intend to carry on business from more than one office? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, complete below. If more than one other place of business, copy and attached to this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other place of business details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | | | | | | | | | | | | State: | | | |  | | | | | | | | Postcode: | | | | | | | |  |
| Phone number: | | | | | |  | | | | | | | | | | | | | Mobile number: | | | | | | | | | | |  | | | | | | | | | | |
| Email address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Approved manager details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you intend to carry on business as an agent on your own account? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, complete below. If no, proceed to employer details. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABN: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you the approved manager for this licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If no, please provide details of approved manager below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved manager name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved manager licence number: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer details/declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer name: | | | | | |  | | | | | | | | | | | | | | | | | Licence number: | | | | | | | | | |  | | | | | | | |
| Postal address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | | | | | | | | | | | | State: | | | |  | | | | | | | | Postcode: | | | | | | | |  |
| Phone number: | | | | | |  | | | | | | | | | | | | | Mobile number: | | | | | | | | | | |  | | | | | | | | | | |
| Email address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that the above applicant is employed by the above business and that I have read and certify the applicant’s disclosures. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer signature: | | | | | | | |  | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | |
| **Proof of identity (ID)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The applicant **must attach** either one of the following combinations:   * One primary and two secondary documents; or * Two primary and one secondary documents from the list below.   ID must include at least one type of primary ID that contains the applicants name and date of birth. If you are unable to provide the required documents please contact Occupational Licensing on 1800 193 111. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | |
| Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Australian drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo i.e HRWL licence, working with children’s card etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Proof of Age Card issued by an Australian State or Territory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Identity document issued by an Aboriginal Land Council that has your photograph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| **Secondary document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Select** | | |
| Australian birth certificate/card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Australian citizenship certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Photo ID card showing you are a Commonwealth, State or Territory Government employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Medicare, centrelink or health care card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Council rates notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Utilities notice with your name and current residential address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Foreign drivers licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| Disclosures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are there any special conditions that apply to your current registration(s) in any Australian State, Territory or New Zealand? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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 specified occupations? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has your licence in another Australian State, Territory or New Zealand been cancelled or suspended as a result of disciplinary proceedings? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, quote the offence(s), relevant date(s), jurisdiction(s) and sentence(s) below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you prohibited or restricted from carrying on the occupation(s) or an equivalent occupation in any Australian State, Territory or New Zealand for which registration is sought? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive your licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post | Yes / No | | | | | | | | | Collection | | | | | | Yes / No | | | | | Email | | | | | | | Yes / No | | | | | | | | | | | | |
| **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 am licenced as specified; and * I am seeking to be registered in the NT in accordance with the mutual recognition principle; and * 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 * I have declared any special condition to which I am subject in carrying on the occupation; and * I have read and understood the information contained in this application; and * I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration was 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [commercial and private agent licences](https://nt.gov.au/industry/licences/commercial-and-private-agents/fees-and-bonds) page for fees.  **Note:** a granting fee must be paid once your licence is granted. You will be advised of the amount once your application has been approved. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Complete and signed applicant declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Proof of identity (ID) documents attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Copy of current interstate licence attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Application for approval as an agent’s manager attached (If applicable. Note manager must reside in Australia). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government complies with the Information Privacy Principals scheduled by the *Information Act 2002*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclaimer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.  You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.  The information you provide will be accessible to Occupational Licensing and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.  You may request access to the personal information we hold about you. If you want more information about the Northern Territory’s privacy laws, please refer to the *Northern Territory Information Act 2002*, or the [Office of the Information Commissioner NT](https://infocomm.nt.gov.au/). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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, Barkly 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 | | | | | | | | |  | | | | |