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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Use this form to apply for the renewal of a company commercial agent, private bailiff, inquiry agent or process server licence 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).  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 one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial agent | | | | | | | Yes / No | | | | | | | | | | | Inquiry agent | | | | | | | | Yes / No | | | | | | | | | | | | |
| Private bailiff | | | | | | | Yes / No | | | | | | | | | | | Process server | | | | | | | | Yes / No | | | | | | | | | | | | |
| **Current licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | | | |  | | | | | | | | | | | | | Expiry date: | | | | | | | |  | | | | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corporation name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACN: | |  | | | | | | | | | | | | | | ABN: | | | |  | | | | | | | | | | | | | | | | | | |
| Business 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 | | | |
| **Principal place of business** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your principal place of business address the same as above? If no, complete below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | | | | | | | | State: | | |  | | | | | Postcode: | | | | | | | |  |
| Approved manager name: | | | | | | | |  | | | | | | | | | | | | | | | | | Licence number: | | | | | | |  | | | | | | |
| Do you intend to use a business or trading name? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| 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: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name): | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (address): | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that:   * I have been appointed nominee of the corporation for the purposes of the *Commercial and Private Agents Licensing Act 1979*, and am in bona fide control of the affairs of the corporation in the Northern Territory; and * 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 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you wish to receive your licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post | Yes / No | | | | | | | | Collection | | | | | | Yes / No | | | | | | | | Email | | | | | Yes / No | | | | | | | | | | |
| **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 | |
| Officer details and declaration completed and signed (pages 4-6). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Applicant declaration complete and signed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Proof of identity (ID) documents attached for each person associated with the application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Safe NT criminal history name check results for each person associated with the application.  Please note: results can take up to 6 weeks to be processed by SAFE NT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| A passport sized photo not more than 6 months old attached of the appointed nominate and/or approved manager. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Application for approval as an agent’s manager attached (If applicable. Note manager must reside in Australia). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Current business name extract attached (if applicable). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Current ASIC company extract issued within the last 30 days. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | |  | | | | |
| **Officer details (**If more than one officer, copy and attach to this application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each officer of the company (Directors, Managers and Secretary) and each person who substantially controls or could substantially control the affairs of the company must complete the below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | |  | | | | | | | | | | | | | | | | | | | | | Date of birth: | | | | | |  | | | | | | |
| Given name/s: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other name/s: (if applicable) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position held: | | | | | Director | | | | | | | Yes / No | | | | | | | | | Secretary | | | | | | | | | | Yes / No | | | | | | | |
| Legal officer | | | | | | | Yes / No | | | | | | | | | Principle Executive Officer | | | | | | | | | | Yes / No | | | | | | | |
| Postal address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | | | | | | | | State: | | |  | | | | | Postcode: | | | | | | | |  |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | | | | |  | | | | | | | | | | | | | | | | Mobile number: | | | | | | | |  | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Residency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you an Australian citizen? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| If no, how long have you lived in Australia? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Country of origin: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: if you have lived in Australia for less than 6 months you may be required to provide a criminal history check from your country of origin. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclosures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. In the 10 years have you been disqualified or suspended from holding a licence similar or the same as applied for in this application either in the Northern Territory or in any other State or Territory of Australia? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 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, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you been found guilty of conduct that renders you unfit to hold a licence of the category for which you have applied? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you contravened or failed to comply with a provision of this Act which may warrant the refusal of a licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you been convicted of any offence(s) (whether or not in the Territory) for an offence that involves dishonesty, fraud or violence? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you, as an agent, failed, without reasonable excuse, to obey an order of the Court or the Supreme Court? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you, as an agent, failed to comply with a provision of the *Commercial and Private Agents Licensing Act* 1979 or found guilty of an offence against this Act? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are there any circumstances existing now or that you envisage will occur during the currency of the licence applied for that may restrict or incapacitate your capability to carry out duties required of a licence holder? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | |
| **Officer 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 * This 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 was made at (location): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | On (date): | | | | |  | | | | | |
| Officer 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |