# *Commercial and Private Agents Licensing Act*

Please print in block letters. If there is insufficient space, attach extra sheets. All questions must be answered and full particulars provided.

Once this application form is complete it must be lodged at a Territory Business Centre with the prescribed fee. For any enquiries relating to this application please contact (08) 8999 1800

| **Application for a Licence by a Corporation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Category of Licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select licence you are applying for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial Agent (Refer to Point 1 in Notes to Application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Private Bailiff (Refer to Point 1 in Notes to Application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Inquiry Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Process Server | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Are you a currently licensed agent applying for a category of licence other than the category you already hold? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If **yes**, provide details of the category of licence(s) you currently hold: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Licence category held: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Private Bailiff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Inquiry Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Process Server | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **2. Corporation details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Corporation name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACN | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered Office address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | |  | | | | | | | | Mobile | | | | |  | | | | | | | | | | | | | | |
| Facsimile | | | | | | |  | | | | | | | | Email | | | | |  | | | | | | | | | | | | | | |
| **3. Director and Office bearer details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of each Officer of the corporation (Directors, Managers and Secretary) and each person who substantially controls or could substantially control the affairs of the corporation. Attach separate sheet if more space is required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | Title | | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given Name(s) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | |  | | | | | | | | | Position held | | | | | | | |  | | | | | | | | | | | |
| Residential Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | Mobile | | | | | | | |  | | | | | | | | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. | | Title | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given Name(s) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | |  | | | | | | | | | Position held | | | | | | | |  | | | | | | | | | | | |
| Residential Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | Mobile | | | | | | | |  | | | | | | | | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | | Title | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given Name(s) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | |  | | | | | | | | | Position held | | | | | | | |  | | | | | | | | | | | |
| Residential Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | Mobile | | | | | | | |  | | | | | | | | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. | | Title | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given Name(s) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | |  | | | | | | | | | Position held | | | | | | | |  | | | | | | | | | | | |
| Residential Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | Mobile | | | | | | | |  | | | | | | | | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. | | Title | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given Name(s) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | |  | | | | | | | | | Position held | | | | | | | |  | | | | | | | | | | | |
| Residential Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | Mobile | | | | | | | |  | | | | | | | | | | | |
| Email | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Business details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business number | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved Manager | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Business Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | |  | | | | | | | | | | | Facsimile | | | | | |  | | | | | | | | | | | | |
| Mobile | | | | |  | | | | | | | | | | | Email | | | | | |  | | | | | | | | | | | | |
| **5. Details of other places of business (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you intend to carry on business from more than one office? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| If **yes**, please provide details below: (attached additional sheets if required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved Manager | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Business Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | |  | | | | | | | | | | | Facsimile | | | | | |  | | | | | | | | | | | | |
| Mobile | | | | |  | | | | | | | | | | | Email | | | | | |  | | | | | | | | | | | | |
| **6. Testimonial** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Testimonial is required to be completed in respect of each director of the company and person concerned in the management or control of the company who is not a licensed agent.  Please photocopy this section if additional Testimonials are required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (insert full name) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| (insert contact address) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Declare that I have known (insert name of Director or office bearer of corporation) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| For (insert number of years) | | | | | | | | | | |  | | Year(s) and that in my opinion he/she is a person of good character and conduct. | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | |  | | | | | | | | | | | | | | | Date | | | |  | | | | |
| **7. Unattested Declaration under the *Oaths, Affidavits and Declarations Act* by authorised Nominee of the Corporation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration must be completed by a nominee authorised to make the Application: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I (insert name of nominee) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (insert address) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| solemnly and sincerely declare that:   1. I have been appointed nominee of the corporation for the purposes of the *Commercial and Private Agents Licensing Act*, and am in bona fide control of the affairs of the corporation in the Northern Territory. 2. all statements and information contained in this application for the purpose of obtaining a licence under the *Commercial and Private Agents* Act are true and correct to the best of my knowledge; 3. I have read and understood the information contained in this application;   and I further state that:   1. this declaration is true and correct; and 2. I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declared at (insert location) | | |  | | | | | | | | | | | | | | | | | | On (date) | | | | | | |  | | | | | | |
| Signature of applicant | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | |
| **8. Supporting documents** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certified copies of current photographic ID of each person associated with this application (driver’s licence or passport). Must be over 18 years of age. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Evidence of lodgement of Criminal History Name Check Application for each person associated with this application. Please note that applications will not be processed until receipt of the Criminal History Report has been received. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Current Company extract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Current Business name extract (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Two copies of current passport photographs of appointed nominee and/or approved manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| A bond in the prescribed form as specified under part 5 of the Act (For Commercial Agent and Private Bailiff only) – refer to application notes for more information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Copy of the newspaper advertisement published in a newspaper circulating throughout the Northern Territory advertising your proposal to apply for a licence under the *Commercial and Private Agents Licensing Act*. (Refer to the proforma advertisement at the end of the form.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Application for approval of Agents Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Testimonial for each person associated with this application (refer application notes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **9. Fee and Payment options** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact your local Territory Business Centre for the relevant schedule of fees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash - Territory Business Centre | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Cheque - payable to **RTM (Receiver of Territory Monies)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Credit card | | | | | | | | | Visa  MasterCard | | | | | | | | | | | | | | | | | | | | | | | | | |
| Credit card number | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiry date | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name on card | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby authorise the Territory Business Centre to debit the above credit card for the amount of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | |
| Amount in words | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Dollars | | | |
| Signature of cardholder | | | | | | | | |  | | | | | | | | | | | | | | | Date | | |  | | | | | | | |
| Contact phone number | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **10. Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Business complies with the Information Privacy Principles scheduled by the *Information Act*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11. 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](mailto: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](mailto: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](mailto: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](mailto:territory.businesscentre@nt.gov.au) | | | | | | | | | | | | | | | | | |
| **12. Notes to application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fees and Lodgement** - The application form, along with the applicable fees, attachments to application, supporting documentation etc., must be lodged at your nearest Territory Business Centre.  Once a licence has been approved, a granting fee\* is payable. You will be advised of the amount. The granting fee is payable when the licence is approved. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Commissioner will only receive and consider complete applications.  The Commissioner will, within 45 days after receiving an application, notify the applicant in writing that either the licence has been granted or refused. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identification** - Each Officer of the corporation (Directors, Managers and Secretary) and each person who is not an Officer of the corporation but who substantially controls or could substantially control the affairs of the corporation must attach a certified copy of their identification in the form of either:   1. An Australian or overseas passport which is current or expired within two years 2. An Australian photographic Drivers Licence which is current or expired within two years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Testimonial** - A character reference must be completed for each person associated with this application by a person who is not a relationand has known the person to whom the testimonial relates for a period of not less than 12 months. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A bond is required only for commercial agent and private bailiff categories of licence and proof of currency of the bond must be lodged with the application.  Regulation 14 of the Commercial and Private Agents Licensing Regulations sets out the requirements for the bond and Schedule 1 provides the format to be followed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A newspaper advertisement published in a newspaper circulating throughout the Northern Territory advertising your proposal to operate as a licensee under the *Commercial and Private Agents Licensing Act* is required. A pro forma advertisement is provided below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13. Pro forma Advertisement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Corporation Application Advertisement Notice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of intention to apply for a licence under the *Commercial and Private Agents Licensing Act* by (1) | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Directors being (2) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| trading as (3) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| at (4) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A written objection to the grant of the above licence on a ground specified in section 12 of the *Commercial and Private Agents Licensing Act* must be made within 14 days from the date the advertisement is published and should be forwarded to:  Delegate of the Commissioner  GPO Box 1154  Darwin NT 0801   1. Full name of applicant 2. Full names of all officers (Directors, Managers, Secretary) 3. Registered Business Name(s) (only if applicant is self-employed) 4. Address(es) where applicant will be trading under the licence applied for (postal address not accepted) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |