# *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 Approval for an Agents Manager** | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Licence Details** | | | | | | | | | | | | | | | | | | | |
| Licensee name |  | | | | | | | | | | | | | | | | | | |
| Licence number |  | | | | | | Expiry date | | |  | | | | | | | | | |
| Licence category held: | | | | | | | | | | | | | | | | | | |
| Commercial Agent | | | | | | | | | | | | | | | | |  | |
| Private Bailiff | | | | | | | | | | | | | | | | |  | |
| Inquiry Agent | | | | | | | | | | | | | | | | |  | |
| Process Server | | | | | | | | | | | | | | | | |  | |
| Business address |  | | | | | | | | | | | | | | | | | | |
| **2. Applicant details** | | | | | | | | | | | | | | | | | | | |
| Title | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | | | | | | | | |
| Given name(s) |  | | | | | | | | | | | | | | | | | | |
| Date of birth |  | | | | | | | | | | | | | | | | | | |
| Street address |  | | | | | | | | | | | | | | | | | | |
| Postal address |  | | | | | | | | | | | | | | | | | | |
| Telephone |  | | | | | Facsimile | | |  | | | | | | | | | | |
| Mobile |  | | | | | Email | | |  | | | | | | | | | | |
| **3. Declaration by employer** | | | | | | | | | | | | | | | | | | | |
| This section is to be completed and signed by the authorised nominee of the licensee where the applicant is to be employed. | | | | | | | | | | | | | | | | | | | |
| I, (insert name of authorised nominee) |  | | | | | | | | | | | | | | | | | | |
| Certify that (insert full name of applicant) |  | | | | | | | | | | | | | | | | | | |
| is to be employed at the approved manager for the above referred licence. I certify that I have read the applicant’s disclosures in section 4 of this application. | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | Date |  | | | | | | | | | |
| **4. Disclosures** | | | | | | | | | | | | | | | | | | | |
| Please complete the following questions. If you answer **yes** to any of the following questions, please provide full details on a separate sheet as an attachment. | | | | | | | | | | | | | | | | | | | |
| 1. 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 | | | |
| 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 | | | |
| 1. Are you under the age of 18 years? | | | | | | | | | | | | | Yes | | | No | | | |
| 1. Have you been involved in harassing tactics? | | | | | | | | | | | | | Yes | | | No | | | |
| 1. Have you been guilty of conduct that renders you unfit to hold a licence of the category for which you have applied? | | | | | | | | | | | | | Yes | | | No | | | |
| 1. Have you contravened or failed to comply with a provision of this *Act* which may warrant the refusal of a licence? | | | | | | | | | | | | | Yes | | | No | | | |
| 1. In the 10 years immediately before applying for the licence, have you been found guilty or served a term of imprisonment (whether or not in the Territory) for an offence that involves dishonesty, fraud or violence? | | | | | | | | | | | | | Yes | | | No | | | |
| 1. Have you, as an agent, failed, without reasonable excuse, to obey an order of the Court or the Supreme Court? | | | | | | | | | | | | | Yes | | | No | | | |
| 1. Have you, as an agent, wilfully failed to comply with a provision of the *Commercial and Private Agents Licensing Act* or of the *Local Court Act*? | | | | | | | | | | | | | Yes | | | No | | | |
| 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 | | | |
| **5. Privacy statement** | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General & Justice complies with the Information Privacy Principles scheduled by the *Information Act*. | | | | | | | | | | | | | | | | | | | |
| **6. Unattested Declaration under the *Oaths, Affidavits and Declarations Act*** | | | | | | | | | | | | | | | | | | | |
| I (insert name): | | |  | | | | | | | | | | | | | | | | |
| Of (insert address): | | |  | | | | | | | | | | Postcode | | |  | | | |
| solemnly and sincerely declare that:   1. all statements and information contained in this application for the purpose of obtaining approval as an agents manager under the *Commercial and Private Agents* Act are true and correct to the best of my knowledge; 2. 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. | | | | | | | | | | | | | | | | | | | |
| This declaration is made at (place) | |  | | | | | | | | | On (date) | | | |  | | | | |
| Signature of applicant | |  | | | | | | | | | | | | | | | | | |
| **Note:** A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | |
| **7. Supporting documents** | | | | | | | | | | | | | | | | | | | |
| Certified copies of current photographic ID (driver’s licence or passport?) Must be over 18 years of age | | | | | | | | | | | | | | | | | |  | |
| Evidence of lodgement of Criminal History Name Check Application. Please note that applications will not be processed until receipt of the Criminal History Report has been received. | | | | | | | | | | | | | | | | | |  | |
| Two copies of current passport photographs | | | | | | | | | | | | | | | | | |  | |
| **8. 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 | | | | |  | | | | | | | | | | | | | | |
| **9. 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) | | | | | | | | | | | |