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| **Licence term** (Select one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 year |  | | | | | 3 year | | | |  | | | 5 year |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | Licence held | | | | | | | | | | | | | | | | | | | | | | | | Licence number | | | | | | | | | | Expiry date | | |
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| **Principle place of business** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you intend to carry on business as an auctioneer on your own account? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, complete below. If no, proceed to employer details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you intend to use a business or trading name? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide below the business name, business number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business number: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | | | | | State: | | | |  | | | | | | | | | Postcode: | | | | | |  |
| **Employer details** (not required to completed by a sole trader) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | | | | | | State: | | | |  | | | | | | | | | Postcode: | | | | |  |
| Phone number: | | | | |  | | | | | | | | | | | | Mobile number: | | | | | | | | | | | |  | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you subject of any special condition(s) in carrying out the occupation as an Auctioneer or equivalent in any Australian State, Territory or New Zealand? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 occupation of Auctioneer? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Has your Auctioneer licence in another Australian State, Territory or New Zealand been cancelled or suspended as a result of disciplinary proceedings? (If yes, please provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are you prohibited or restricted from carrying on the occupation of an Auctioneer or an equivalent occupation in any Australian State, Territory or New Zealand for which registration is sought? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide licence/registration number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? (If yes, please provide details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, please provide details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 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 application; and * I am seeking to be registered in the NT in accordance with the mutual recognition principle; * 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; * 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 [Auctioneer’s licensing](https://nt.gov.au/industry/licences/auctioneer-licences) page for schedule of fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Current photo ID attached - Passport, Australian driver’s licence or evidence of age card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Current business name extract attached (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Evidence of name change (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Front and back copy of current interstate/New Zealand registration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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: | | | | | | | |  | | | |