# *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 Natural Person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Category of Licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select licence you are applying for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial Agent (Bond required) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Private Bailiff (Bond required) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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. Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given Name(s) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other names (including maiden name and alias/es) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | Facsimile | | |  | | | | | | | | | | | | | | | |
| Mobile | | |  | | | | | | | | Email | | |  | | | | | | | | | | | | | | | |
| Date of birth | | |  | | | | | | | | Place of Birth | | |  | | | | | | | | | | | | | | | |
| **3. Business details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you intend, if the licence is granted, to carry on business as an agent on your own account? If **no**, your employer must fill out section 4 below. | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If **yes**, do you intend to use a Business or Trading name? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| If **yes**, please provide details of the registered business name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Business number | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | | | | | | Facsimile | | | | | |  | | | | | | | |
| Email | | | | | |  | | | | | | | | | | Mobile | | | | | |  | | | | | | | |
| **4. Declaration by employer (not required to be completed for sole trader)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This section is to be completed and signed by the Approved Manager of the office where the applicant is to be employed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Licence Number | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| I, (insert name of approved manager) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Certify that (insert full name of applicant) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| is to be employed at the following office address (insert address) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| I certify that I have read the applicant’s disclosures in section 6 of this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | Date | | | | | | |  | | | | | |
| **5a. Testimonial - 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Testimonial is required to be completed and signed by a person other than the Applicant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (insert full name) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| (insert contact address) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Declare that I have known (insert name of applicant) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| For (insert number of years) | | | | | | |  | | | Year(s) and that in my opinion he/she is a person of good character and conduct. | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | |  | | | | | | | | | | Date | | | | | | |  | | | | | |
| **5b. Testimonial - 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Testimonial is required to be completed and signed by a person other than the Applicant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (insert full name) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| (insert contact address) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Declare that I have known (insert name of applicant) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| For (insert number of years) | | | | | | |  | | | Year(s) and that in my opinion he/she is a person of good character and conduct. | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | |  | | | | | | | | | | Date | | | | | | |  | | | | | |
| **6. 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 | | | |
| **7. Unattested Declaration under the *Oaths, Affidavits and Declarations Act*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I (insert name of nominee) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (insert address) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| solemnly and sincerely declare that:   1. 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; 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declared at (insert location) |  | | | | | | | | | | | | On (date) | | | | | | |  | | | | | | | | | |
| Signature of applicant |  | | | | | | | | | | | | | | | | | | | Date | | | | |  | | | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Business name extract (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Two copies of current passport photographs | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 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 pro forma advertisement at the end of the form.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Application for approval of agents manager (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **9. Fees 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 fee, 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 following approval of your application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Commissioner will only receive and consider complete applications.  The Commissioner will, within 45 days after receiving an application, notify the applicant in writing of the result of the application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Natural Person Application Advertisement Notice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of intention to apply for a licence under the *Commercial and Private Agents Licensing Act* by (1) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| trading as (2) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| at (3) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| A written objection to the grant of the above licence on a ground specified in section 11 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. Registered Business Name(s) (only if applicant is self-employed) 3. Address(es) where applicant will be trading under the licence applied for (postal address not accepted) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |