

APPLICATION FOR A LICENCE AS FIRM

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

1. Applicant Details

Full Name of Firm

ACN

ABN

Address of Principal Office

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| Postcode |

Postal Address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| Postcode |

Telephone

Facsimile

Email

2. Business details

Address of registered office where the licensed agent will carry on business

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| Postcode |

Postal Address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| Postcode |

Telephone

Facsimile

Email

Name of Business Manager

Licence No.

Does the Firm intend, if the licence is granted, to use a Business or Trading Name?

Yes

No

If **YES**, please provide details of the registered Business Name in the Northern Territory

| | |
|---------------|-----------------|
| Business Name | Business Number |
|---------------|-----------------|

3. Details of Other Place of Business

Does the Firm intend to carry on business from more than one office?

Yes

No

If **YES**, please provide the following details for **each** office to be registered and the name of the Business Manager.

If you have more than one *other place of business*, please supply all the details on a separate sheet as an attachment.

Business Address

| |
|----------|
| |
| |
| Postcode |

Postal Address

| |
|----------|
| |
| |
| Postcode |

Telephone

Facsimile

Email

Name of Business Manager

Licence No.

The Act provides for a Business Manager to be in control of one or more offices.

4. Partners and Management

Please list all of the persons by whom the firm is constituted and all of the persons concerned in the management and control of the firm

Licensing, Regulation and Alcohol Strategy Division

| | |
|----------------------|--------------------------|
| Full Name | Capacity (position held) |
| <input type="text"/> | <input type="text"/> |
| Full Name | Capacity (position held) |
| <input type="text"/> | <input type="text"/> |
| Full Name | Capacity (position held) |
| <input type="text"/> | <input type="text"/> |
| Full Name | Capacity (position held) |
| <input type="text"/> | <input type="text"/> |
| Full Name | Capacity (position held) |
| <input type="text"/> | <input type="text"/> |
| Full Name | Capacity (position held) |
| <input type="text"/> | <input type="text"/> |
| Full Name | Capacity (position held) |
| <input type="text"/> | <input type="text"/> |

5. Declaration

This declaration must be completed by an authorised to make the Application and witnessed by a person who has obtained the age of eighteen (18)

I do solemnly and sincerely declare that the statements and information contained in this application are true and correct to the best of my knowledge and belief and I make the following statements:

1. I authorise the Department of Justice to make any inquiries and to receive and disclose any information which is relevant to this application;
2. I acknowledge that specific information will be placed on a public register in accordance with the *Agents Licensing Act*;
3. I accept that failure to supply information required on this application form may delay the processing of the application; and
4. I have a right to seek access to and correction of information supplied.
5. I acknowledge that if licensed, the Firm will be required for the whole period of the licence to be insured under an approved indemnity insurance policy within the meaning of section 108A of the Act, unless exempted;
6. I acknowledge that's if licensed, the Firm will be required to open a trust account(s) at an ADI or the Territory Insurance Office within 7 days of the grant of the licence and provide the Registrar with notification of the account(s), unless exempted.

I acknowledge that a person making a false statement in a statutory declaration is guilty of an offence and is liable to a penalty of \$2000 or imprisonment for twelve months, or both.

Declared at..... on day of 20.....

| | |
|--|----------------------|
| Signature of person making declaration | Date |
| <input type="text"/> | <input type="text"/> |

| | |
|-----------------------|----------------------|
| Signature of Witness* | Date |
| <input type="text"/> | <input type="text"/> |

Full Name of Witness*

*This Declaration may be made before any person who has attained the age of (18) eighteen years

6. Lodgement Options

Applications can be lodged at a Territory Business Centre with the prescribed fee at:

| DARWIN | KATHERINE | TENNANT CREEK | ALICE SPRINGS |
|---|---|--|---|
| Ground Floor, Development House 76 The Esplanade GPO Box 9800 DARWIN NT 0801 Telephone: 61 8 8982 1700 Facsimile: +61 8 8982 1725 Toll Free: 1800 193 111 | Shop 1, Randazzo Building 18 Katherine Terrace PO Box 9800 KATHERINE NT 0851 Telephone: +61 8 8973 8180 Facsimile: +61 8 8973 8188 | Shop2, Barkly House Cnr Davidson and Paterson Streets PO Box 9800 TENNANT CREEK NT 0861 Telephone: +61 8 8962 4411 Facsimile: +61 8 8962 4413 | Peter Sitzler Building 67 North Stuart Highway PO Box 9800 ALICE SPRINGS NT 0871 Telephone: +61 8 8951 8524 Facsimile: +61 8 8951 8533 |

or emailed by scanning a complete application at territory.businesscentre@nt.gov.au with your credit card details and all required supporting documentation.

7. Class of Licence

Please select the class of licence you are applying for:

Unrestricted Licence

- Real Estate and Business Agent
- Real Estate Agent
- Business Agent
- Conveyancing Agent

Restricted Real Estate Licence

- Sales
- Property Management
- Body Corporate Management
- Property Management & Body Corporate Management

8. Supporting Documentation

The following documents are required to be lodged with the application:

- Evidence of the NT News advertisement, a copy of the full page of the newspaper with the date must be provided (refer to note 1 on page 6)
- Current Company Extract (if applicable)
- Current Business Name Extract (if applicable)
- A completed attachment (section 12 of this application) from **all** of the persons by whom the firm is constituted and all of the persons concerned in the management and control of the firm
- Evidence of lodgement of a Criminal History Check with Safe NT for **all** of the person by whom the firm is constituted and all of the persons concerned in the management and control of the firm (unless they hold a current licence under the *Agents Licensing Act*) (refer to note 4 on page 6)
- Certified copy of current photographic identification for **all** of the person by whom the firm is constituted and all of the persons concerned in the management and control of the firm (refer to note 3 on page 6)

11. Application Notes

1. A Firm that intends to apply for a Licence must first publish a notice in the NT News which notifies of its intention. This notice serves to inform the public of the impending application and provides a person the opportunity to lodge an objection against the grant of the application.
A 14 day objection period applies.

A Northern Region applicant must arrange for the publication of the following notice in the "Public Notices" section of one Saturday edition of the NT News

A Southern Region applicant must arrange for the publication of the following notice in the Friday edition of the Centralian Advocate

The application for a licence is to be lodged with the Registrar not later than 14 days after the notice is published.

Notice of Intention to apply for a Real Estate Agents Licence (**Full name of applicant**), of (**full address of applicant**) intends to apply for the above Licence under the Agents Licensing Act. Any objection to this application is to be made in writing to the Registrar of Land, Business and Conveyancing Agents, GPO Box 1154, Darwin, 0801 and received within 14 days of this notice.

2. Under section 25 of the *Act*, a firm is eligible for the grant of a licence where the Board is satisfied that:
 - (a) the firm has the power to carry on business as an agent; and
 - (b) all of the firm, members of the partnership, or person concerned in the management of the firm are fit and proper persons within the meaning of section 20.
3. The Agents Licensing Regulations require all of the persons by whom the firm is constituted and all of the persons concerned in the management and control of the firm are fit and proper persons within the meaning of section 20 that are applying for a licence to provide a certified copy of identification. Please attach a certified copy of identification in the form of either: an Australian or Overseas Passport which is current or expired within two years or an Australian Photographic Driver's Licence which is current or expired within 2 years. Additional documentation such as Australian residency or working Visa and citizenship papers (where applicable) will also assist in the processing of the licence application.
4. The *Agents Licensing Act* requires all of the persons by whom the firm is constituted and all of the persons concerned in the management and control of the firm to be fit and proper persons within the meaning of section 20 of the *Act*.

To assess a persons suitability, the persons are required to undergo a criminal history check through Northern Territory Police. The attached Authority to Release Criminal History Form must be completed and lodged at a police station. The form is required to be witnessed by an authorised officer being a Northern Territory Police, Fire and Emergency Services employee or an interstate/overseas Police Officer.

The Authority to Release Criminal History Form will require lodgement prior to the lodgement of the firm licence application and evidence must be provided

12. Attachment section

All of the persons by whom the firm is constituted and all of the persons concerned in the management and control of the firm **must** complete the following attachment section

Title: Mr Mrs Ms Miss

Surname

Given Name(s)

Other Names (including maiden name and alias/es)

Date of Birth

Position held

Address

| |
|----------|
| |
| |
| Postcode |

Do you hold a licence under the *Agents Licensing Act*? Yes No

If **YES**, **only** your licence number is required

If you hold a current licence under the *Agents Licensing Act* you are not required to complete the disclosures nor the testimonial; nor you are required to provide any further evidence of lodgement of Criminal History.

Disclosures

Please complete the following questions. If you answer **YES** to any of the questions, please **provide full details on a separate sheet** as an attachment.

| | | |
|--|------------------------------|-----------------------------|
| 1. In the 10 years immediately before applying for the licence, have you been found guilty (whether or not in the Territory) of an offence that involves dishonesty or violence or an offence against the <i>Misuse of Drugs Act</i> or the <i>Kava Management Act</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you mentally incapable of performing duties as an agent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you disqualified from holding a licence, certificate of registration or had a licence, certificate or other authority suspended under the <i>Consumer Affairs and Fair Trading Act</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|---|------------------------------|-----------------------------|
| 5. Have you failed to pay a monetary penalty payable under this the <i>Agents Licensing Act</i> , the <i>Consumer Affairs and Fair Trading Act</i> or corresponding law or failed to comply with a direction given by the Agents Licensing Board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you in breach of a provision of the <i>Agents Licensing Act</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Declaration

I do solemnly and sincerely declare that the statements and information contained in this application are true and correct to the best of my knowledge and belief and I make the following statements:

1. I authorise the Licensing, Regulation and Alcohol Strategy Division to make any inquiries and to receive and disclose any information which is relevant to this application;
2. I acknowledge that specific information will be placed on a public register in accordance with the *Agents Licensing Act*;
3. I accept that failure to supply information required on this application form may delay the processing of the application; and
4. I have a right to seek access to and correction of information supplied.
5. I acknowledge that if licensed, the Firm will be required for the whole period of the licence to be insured under an approved indemnity insurance policy within the meaning of section 108A of the Act, unless exempted;
6. I acknowledge that's if licensed, the Firm will be required to open a trust account(s) at an ADI or the Territory Insurance Office within 7 days of the grant of the licence and provide the Registrar with notification of the account(s), unless exempted.

I acknowledge that a person making a false statement in a statutory declaration is guilty of an offence and is liable to a penalty of \$2000 or imprisonment for twelve months, or both.

Declared at.....on day of 20.....

Signature of person making declaration

Date

Signature of Witness*

Date

Full Name of Witness*

Privacy Statement

The Department of Justice complies with the Information Privacy Principals scheduled by the *Information Act*.

Testimonial

This section is to be completed and signed by an **Authorised Person** (refer to note below)

| | |
|--|--|
| I, | Full Name |
| of | Business Name |
| Business Address | |
| | |
| Postcode | |
| Declare that I have known | Full Name of Director or person concerned in the management of the Company |
| for <input type="text"/> year(s) and that in my opinion he/she is a person of good fame and character. | |
| Signature of person making declaration | Date |
| Title | |

Note

The Testimonial is a Character reference and must be completed by an Authorised Person who is:

- I. a person authorised by the *Oaths Act* to administer an oath for any purpose;
- II. a Justice of the Peace;
- III. a commissioner for declarations appointed by the Attorney-General of the Commonwealth under the *Statutory Declaration Act 1959* of the Commonwealth;
- IV. a legal practitioner;
- V. a member of the Northern Territory Police Force;
- VI. a bank manager;
- VII. a judge;
- VIII. a magistrate;
- IX. a notary public;
- X. a Registrar appointed under the *Local Court Act*;
- XI. a master appointed under the *Supreme Court Act*
- XII. a commissioner for taking affidavits in the Supreme Court of a State or Territory;
- XIII. a licensed agent;
- XIV. a person registered or enrolled under the *Health Practitioners Act*, (e.g. Medical Practitioner, Pharmacist, Dentist, Registered Nurse etc.)
- XV. a person registered as a teacher under the *Teaches Registration Act* (Northern Territory);
- XVI. a person who holds an office, appointment or authority in a State or Territory equivalent to any of those specified in (i) to (xv).

The person completing the Testimonial **must not be a relation** as defined under Regulation 17(2) of the Agents Licensing Regulations and must have known the person to whom the testimonial relates for a period of not less than 12 months.