

APPLICATION FOR RENEWAL OF A LICENCE BY A FIRM

AGENTS LICENSING ACT

This licence renewal is due on or before 30 November

Please print in block letters

1. Applicant Details

Name of Firm	Licence No.
<input type="text"/>	<input type="text"/>

Registered Business Name in the Northern Territory

Name of Business Manager	Licence No.
<input type="text"/>	<input type="text"/>

Address of Principal Office

Contact Address (all notices will be sent to this address)

Telephone	Facsimile
<input type="text"/>	<input type="text"/>

Email

2. Details of other Registered Offices (if applicable)

2.1 Business Address

2.1 Name of Business Manager	Licence No
<input type="text"/>	<input type="text"/>

2.2 Business Address

Postcode

2.2 Name of Business Manager

Licence No

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3. 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 last 12 months has there been a change in the members of the partnership or person concerned in the management or control of the firm? If yes, please complete the separate 'Notification of New Firm Partner' Form and 'Authority to Release Criminal History' for each new Firm Partner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	In the last 12 months has the firm, members of the partnership, or person concerned in the management of the firm been the subject of a winding-up order or the appointment of a controller or administrator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	In the last 12 months has any member of the partnership or person concerned in the management of the firm been declared bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	In the last 12 months has any member of the partnership or person concerned in the management of the firm 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
5.	In the last 12 months has any member of the partnership or person concerned in the management of the firm been 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
6.	Is any member of the partnership or person concerned in the management of the firm mentally incapable of performing duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Has any member of the partnership or person concerned in the management of the firm 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
8.	Has any member of the partnership failed to provide the Board with an auditor's report required under the Agents Licensing Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Class of Licence

Please select the class of licence you are applying for:

Unrestricted Licence

<input type="checkbox"/> Real Estate and Business Agent	<input type="checkbox"/> Conveyancing Agent
<input type="checkbox"/> Real Estate Agent	<input type="checkbox"/> Business Agent

Restricted Real Estate Licence

<input type="checkbox"/> Property Management	<input type="checkbox"/> Sales
<input type="checkbox"/> Body Corporate Management	
<input type="checkbox"/> Property Management & Body Corporate Management	

5. Declaration by Applicant

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, being the person making the application on behalf of the licensee, 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.

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 of20.....

Signature of person making declaration

Date

Signature of Witness*

Date

Full Name of Witness*

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

6. Privacy Statement

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

7. Lodgement Options and fee

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.

8. Payment Options & Fee

Please contact (08) 8999 1317 or refer to the relevant Schedule of Fees at: http://www.nt.gov.au/justice/licenreg/documents/schedule_of_fees/fs_pal_fees.pdf

- Cash – Territory Business Centre
- Cheque – payable to **Agents Licensing Fidelity Guarantee Fund NT**
- Credit Card
- Bankcard Visa MasterCard

Credit Card Number

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Expiry Date

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Name on card

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I hereby authorise the Territory Business Centre to debit my credit card for the amount of: \$ _____

Amount in words: _____ dollars and _____ cents

Signature of cardholder

Date

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Contact Phone No.

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