

APPLICATION FOR REGISTRATION AS AN AGENT'S REPRESENTATIVE

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

Title: Mr Mrs Ms Miss

Surname

Given Name(s)

Other Names (including maiden name and alias/es)

Date of Birth

Place of Birth

*must be over 18 years and provide evidence in form of passport or driver's licence.

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

Postcode

Telephone (home)

Facsimile

Mobile

Email

2. Educational Qualifications

To apply for a registration as an agent's representative you must have evidence of the completion of the prescribed educational qualification. For further information contact the Licensing Officer on (08) 8999 1317.

Type of registration sought

<input type="checkbox"/> Interim Registration Requires Successful completion of CPPDSM4009A – Interpret Legislation to complete agency work; <u>and</u> CPPDSM4080A – Work in Real Estate Industry; <u>and</u> evidence of enrolment in the <i>Certificate IV in Property Services (Real Estate)</i>	<input type="checkbox"/> Full Registration Requires completion of 24 units of competency approved by the Agents Licensing Board under CPP40307 - <i>Certificate IV in Property Services (Real Estate)</i>
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3. Employer Details

Name of Licensed Agent

Licence No.

Business Address

Postcode

4. 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 registration, 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's representative?	<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. Do you hold, or have you previously held, a licence or registration as an agent's representative under the <i>Agents Licensing Act</i> ? If yes, please provide licence/registration number.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you hold, or have you previously held, a licence or registration under any corresponding law in any other State or Territory? If yes, please provide licence/registration number and State/Territory .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Declaration by Employer

This section is to be completed and signed by the **Business Manager** of the office where the applicant is to be employed.

I, <input type="text" value="Full Name of Business Manager"/>
certify that <input type="text" value="Full Name of Applicant"/>
is to be employed at <input type="text" value="Business Name"/>
<input type="text" value="Business Address"/>
<input type="text" value="Postcode"/>

I certify that I have read the Applicant's disclosures in section 4 of this application.

<input type="text" value="Signature"/>	<input type="text" value="Date"/>
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6. Testimonial

This section is to be completed and signed by an **Authorised Person** (refer to note 3 on page 6)

I, <input type="text" value="Full Name"/>
of <input type="text" value="Business Name"/>
<input type="text" value="Business Address"/>
<input type="text" value="Postcode"/>

Declare that I have known
for year(s) and that in my opinion he/she is a person of good fame and

<input type="text" value="Signature of person making declaration"/>	<input type="text" value="Date"/>
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<input type="text" value="Title"/>

7. Supporting Documentation

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

- Evidence of lodgement of Criminal History Name Check Application (refer to note 4 on page 6)
- Evidence of educational qualifications required under section 2 of this application (these may be directly provided by the REINT to the Division)
- Current photographic identification (refer to note 5 on page 6)
- 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 5 for instructions on advertisement guidelines)

8. Declaration

I do solemnly 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 my initial and ongoing eligibility to hold this registration;
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 of 20.....

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

9. Privacy Statement

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

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

2. Under section 39 of the Act, a person is entitled to be registered as an agents representative if the person proves to the satisfaction of the Agents Licensing Board that:
- (a) he or she has attained the age of 18 years;
 - (b) he or she is a fit and proper person;
 - (c) he or she holds the prescribed educational qualifications;
 - (d) he or she will be employed by, or in the service of, a licensed agent as an agent's representative within the Territory.

The Division will conduct checks to determine that the Applicant is not a disqualified person and is fit and proper to hold a licence under the Act.

3. 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 (Northern Territory) Act*;
 - 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.

4. The *Agents Licensing Act* requires an applicant to be a fit and proper person for the grant of a licence, within the meaning of section 20 of the Act. Applicants must complete a Criminal History Name Check Application. An additional charge applies for the Criminal History Check Application.
5. The Agents Licensing Regulations require a person applying for a registration as an agent's representative to provide a certified copy of identification. Please attach a certified copy of your 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 two years. Additional documentation such as Australian residency or working Visa and citizenship papers (where applicable) will also assist in the processing of the registration application.