

APPLICATION FOR RENEWAL OF A LICENCE BY AN INDIVIDUAL

AGENTS LICENSING ACT

This licence renewal is due on or before 30 November

Please print in block letters

1. Applicant Details

Title: Mr Mrs Ms Miss

Full Name of Applicant

Name changes in the last 12 months (provide details if applicable)

Licence No.

Date of Birth

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

Postcode

Telephone

Facsimile

Mobile

Email

2. Employer Details

Are you currently carrying on business as a licensed agent in the NT?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide details of your licensed employer or your own details if self-employed.	If No, and you wish to renew your licence, you must advise the Registrar <i>in writing</i> of the period which you are not, or will not be, carrying on business as a licensed agent (refer section 32B of the <i>Agents Licensing Act</i>). Where the Registrar is notified, the Agents Licensing Board may suspend the licence until re-commencement of carrying on business as a licensed agent.

Name of Licensed Agent:	Licence No.
Business Address:	
Postcode:	

3. Class of Licence and Fee

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

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.	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> in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are you now 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 in the past 12 months?	<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.	Have you been disqualified from holding a licence, certificate of registration or other authority under the <i>Consumer Affairs and Fair Trading Act</i> in the past 12 months, or have you had a licence, certificate or other authority suspended?	<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, in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	If applicable, have you failed to provide the Board with an auditor's report required to be provided under the <i>Agent's Licensing Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Declaration by Applicant

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.

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. Supporting Documentation

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

- Current photographic identification

