

LICENSING, REGULATION AND ALCOHOL STRATEGY

Notice for Registration of Equivalent Occupation of Equivalent Occupation

Mutual Recognition Act

Notes to Application

1. The Commissioner will only receive and consider completed applications.
2. This notice must be accompanied by:
 - (a) a document that is either the original or a copy of the instrument evidencing the person's existing registration (or, if there is no such instrument, by sufficient information to identify the person and the person's registration)
 - (b) the instrument evidencing the person's existing registration, the person must certify in the notice that the accompanying document is the original or a complete and accurate copy of the original.
 - (c) A signed statutory declaration attesting that the information provided is accurate.
 - (d) A copy of current identification.

Class of Licence

Please select the class of licence you are applying for:

- Pawnbrokers Licence
- Second-hand Dealers Licence
- Combined Pawnbroker and Second-hand Dealers Licence

LICENSING, REGULATION AND ALCOHOL STRATEGY

Darwin

Level 1, Enterprise House
28-30 Knuckey Street, Darwin
GPO Box 1154, Darwin, NT 0801
Ph: 08 8999 1800
Fax: 08 8999 1888

Katherine

18 Katherine Terrace, Katherine
GPO Box 2138, Katherine, NT 0850
Ph: 08 8972 8906
Fax: 08 8972 8910

Alice Springs

1st Floor Belvedere House
Cnr Parsons/Bath Sts
GPO Box 8470, Alice Springs NT 0871
Ph: 08 8951 5195
Fax: 08 8951 8591

1. Applicant Details

Surname

Given Name(s)

--	--

Street Address

Postcode

Postal Address

Postcode

Telephone

Fax

Mobile

Email

Proposed method of trade:

- Sole Trader
- Partnership: (Partner's name) _____
- Employed by: (Employer's name) _____

2. Details of Current Equivalent Registration

I am currently registered interstate in this occupation and I hereby provide the details of the registration:

State/Territory	Registration/Licence No.	Is the registration/licence current?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you the subject of any special conditions, limitation or restrictions that apply to your registration in any State or Territory?

- Yes No

If yes, please provide details:

Declaration by Applicant

In relation to my notice seeking to be licensed as a real estate and/or business agent, I declare (*delete as applicable):

- 1. that I *have/have not been the subject of disciplinary proceedings in any State (including any preliminary investigations or actions that might lead to disciplinary proceedings) in relation to those occupations.
- 2. that I *have/have not had my registration in any State cancelled or currently suspended as a result of disciplinary action.
- 3. that I *have/have not been prohibited from carrying on any such occupation in any State, and am not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any State.
- 4. that I *have/have not been subject to any special conditions in carrying on any such occupation in any State; and

I,

.....
(full name of applicant)

hereby give consent to the making of inquiries of, and the exchange of information with, the authorities of any State regarding my activities in the relevant occupation or occupations or otherwise regarding matters relevant to the notice.

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 atthis..... ..day of... ..20....

Signature of Applicant

Date

^Signature of Witness

Date

Full Name and contact telephone number of witness

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

Fees and Lodgement

Payment must be lodged through Territory Business Centres (TBC), either by mail or in person.

Authorisation for Payment by Credit Card	
<input type="checkbox"/> Bankcard	
<input type="checkbox"/> Visa	
<input type="checkbox"/> Mastercard	
Credit card number:	Expiry Date:
Name on card:	Contact Phone Number:

I hereby authorise the Territory Business Centre to debit my credit card for the amount of	
\$	Amount in words:
Signature of cardholder	
	Date
	/ /

For Office Use Only

Application complete? Yes/No	Fees paid? Yes/No	Date application received
------------------------------	-------------------	---------------------------

Receipt No.	Officer	Email

Document lodged by:

Name	Postal Address	Phone

TERRITORY BUSINESS CENTRES

TOLL FREE LINE: 1800 193 111 (Australia Wide)

Darwin Development Hse 76 The Esplanade Darwin NT 0800 Phone: (08) 8982 1700	Katherine Randazzo Bldg 18 Katherine Tce Katherine NT 0850 Phone: (08) 8972 8906	Tennant Creek Shop 2, Barkly Hse Cnr Paterson & Davidson Sts Tennant Creek NT 0860 Phone: (08) 8962 4411	Alice Springs Peter Sitzler Bldg 67 Nth Stuart Hwy Alice Springs NT 0870 Phone: (08) 8951 8524	Postal Address GPO Box 9800 Darwin NT 0801 territory.businesscentre@nt.gov.au
--	--	--	---	---

General Disclaimer: The material contained in this publication is intended for use as a guide and for general information only. It is not intended to be a substitute for independent professional advice. The Northern Territory Department of Justice accepts no responsibility or liability for the correctness, accuracy and completeness of any of the material contained in this publication and recommends that users of this publication exercise their own skill, care and judgment in the application of the information contained in the publication.