

Agents Licensing Act

Application for Renewal of a Licence by a Firm

DUE: 30 NOVEMBER

Please select class of licence you are renewing

- | | |
|--|--|
| <input type="radio"/> Unrestricted Licence | <input type="radio"/> Restricted Real Estate Licence |
| <input type="radio"/> Real Estate and Business Agent | <input type="radio"/> Sales |
| <input type="radio"/> Real Estate Agent | <input type="radio"/> Property Management |
| <input type="radio"/> Business Agent | <input type="radio"/> Body Corporate Management |
| <input type="radio"/> Conveyancing Agent | <input type="radio"/> Property and Body Corporate Management |

1. FIRM (PARTNERSHIP) DETAILS	
Name of Firm:	Licence No:
Registered Business name in the Northern Territory:	
Name of Business Manager:	Licence No:
Address of Principal Office:	Postcode:
Postal Address: <i>All notices will be sent to this address</i>	Postcode:
Telephone No:	Facsimile:
Email Address:	

2. DETAILS OF OTHER REGISTERED OFFICES <i>(if applicable)</i>	
1. Business Address:	Postcode:
Name of Business Manager	Licence No:
2. Business Address:	Postcode:
Name of Business Manager:	Licence No:

3. DISCLOSURES

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

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? YES 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? YES 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? YES 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 *Misuse of Drugs Act* or the *Kava Management Act*? YES 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 *Consumer Affairs and Fair Trading Act*? YES NO
6. Is any member of the partnership or person concerned in the management of the firm mentally incapable of performing duties? YES 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 *Agents Licensing Act*, the *Consumer Affairs and Fair Trading Act* or corresponding law, or failed to comply with a direction given by the Agents Licensing Board? YES NO
8. Has any member of the partnership failed to provide the Board with an auditor's report required under the Agents Licensing Act? YES NO

4. DECLARATION BY AUTHORISED PERSON (Partner or Business Manager)

This declaration MUST be signed by a Partner or Business Manager and witnessed.

I, _____ being the person making the
(Full name)
application on behalf of the licensee, do solemnly and sincerely declare that the statements and information contained in this renewal application are true and correct to the best of my knowledge and belief and I make the following statements:

1. I authorise Property Agents Licensing 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 wilfully making a false statement in a statutory declaration is guilty of an offence and is liable to a penalty of \$2,000 or imprisonment for twelve months, or both.

Declared at _____ this _____ day of _____ 20____

Signature of applicant: _____

Signature of witness: _____

Full name of witness: _____

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

PRIVACY STATEMENT

Department of Justice complies with the Information Privacy Principles scheduled in the Information Act.

5. FEES & LODGEMENT

- Real Estate Agent/Business Agent \$360.00
- Real Estate Agent \$300.00
- Business Agent \$300.00
- Restricted Real Estate Agent \$540.00
- Conveyancing Agent \$480.00

PAYMENT AND LODGEMENT OPTIONS

- Cash **Territory Business Centre** – Ground Floor, Development House.
76 The Esplanade, Darwin NT 0800
- Cheque* In person at the **Territory Business Centre** at the above address or mail to -
Territory Business Centre, GPO Box 9800, Darwin NT 0801

*Please make cheques payable to the **Agents Licensing Fidelity Guarantee Fund NT.**
- Credit In person at the **Territory Business Centre** (Darwin) or complete the section below and
mail to - GPO Box 9800, Darwin NT 0801 or fax to 08 8982 1725

Authorisation for Payment by Credit Card

(Please tick applicable card)

- Bankcard Visa MasterCard

Credit Card No: _____

Expiry Date: ____ / ____

Name on Card: _____

Contact Phone No: _____

I hereby authorise the Agents Licensing Fidelity Guarantee Fund NT to debit my credit card for the amount

of \$ _____ (_____ (amount in words))

Signature of Cardholder: _____

Date: ____ / ____ / ____

For Office Use

Licensing & Regulation: Property Agents Licensing
Act: Agents Licensing Act
Section: 32
Instruction Set: N/A
Form Approved by ALB: Oct 2007
Date application received: ____ / ____ / ____
Application complete: Yes No
Additional Information Required: Yes No

(TBC receiving officer to complete grey section)

Paid fee
 cash cheque credit

\$ _____

Receipt no: _____

Date certificate issued: ____ / ____ / ____