



APPLICATION FOR AN AGENT LICENCE - INDIVIDUAL

Agents Act 2003
Agents Regulation 2003

PURPOSE

This form is to be used to apply for a licence as an agent under the *Agents Act 2003* (the Act). You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at www.act.gov.au/accessCBR.

PRIVACY

The Act authorises the Commissioner for Fair Trading to collect the personal information required by this form for the purposes of issuing a licence under the Act. The Commissioner for Fair Trading prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Commissioner for Fair Trading provides identifiable information to law enforcement and other organisations that have legal authority to request information under prescribed circumstances.

INSTRUCTIONS FOR COMPLETION AND IMPORTANT INFORMATION

- This application is relevant to Real Estate, Stock and Station, Business Agents, and Owners Corporation Managers in the ACT. Depending on the qualifications you obtain you may hold any or all of the licence types. A Conditional Real Estate licence allows you to sell land by auction only.
- Complete this form using a black or blue pen only.
- Please identify the term of licence you require by marking the relevant box on page two of the application and include the appropriate fee as identified on the website.
- Only eligible persons may apply for a licence. An eligible person is an adult that has completed the prescribed qualifications and has not been convicted or found guilty of a disqualifying offence, being an offence that involves dishonesty, either in Australia or another country.
- You must publish a notice of intention to apply for an agent licence on the ACT Government website (at no cost to you) or in *The Canberra Times* (at your own cost). To enable Access Canberra to publish your notice online (www.act.gov.au/publicnotices), tick the consent box on page 3 of this form. Access Canberra undertakes to publish the notice within 5 business days of receiving your application. Your licence will then be issued 10 business days later, unless an objection is received. **Note:** If you place your notice in *The Canberra Times*, you must submit your completed application with the notice and other supporting documentation to Access Canberra **within 10 business days** of the advertisement appearing. A Notice of Intention is not required if you are applying for a conditional owners corporation managing agent licence. A Notice of Intention is not required if you are applying for a licence under mutual recognition.
- **RECOMMENDED WORDING FOR APPLICANTS ADVERTISING IN THE CANBERRA TIMES (Individual/Personal Licence)**

I (insert your name) of (postal address - can be your place of business) give notice that I intend to apply for a licence as a (real estate, business, stock and station agent) under the Agents Act 2003. Objections may only be lodged in writing with the Commissioner for Fair Trading GPO Box 158 Canberra ACT 2601 and with me at the address above within 10 business days of the date of the publication of this notice.

- You must attach the original or a certified copy of a Police Certificate issued by the Australian Federal Police or CrimTrac dated no earlier than 2 months prior to the date of this application and certified copies of two forms of personal identification.
- Cheques should be made in favour of Access Canberra.
- Applicants applying for licence under mutual recognition of an existing registration in another jurisdiction must complete the entire form.

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

LODGEMENT AND CONTACT INFORMATION

Email:
Ors.bil@act.gov.au

Post:
Access Canberra
Business and Industry Licensing
GPO Box 158
Canberra, ACT 2601

In Person:
Please visit
www.act.gov.au/accessCBR
Or call **132281** to find an
Access Canberra Shopfront.

LICENCE DETAILS		
<input type="checkbox"/> 1 year licence	<input type="checkbox"/> 3 year licence	<input type="checkbox"/> 3 year licence with annual payment
Registration Type	<input type="checkbox"/> Real Estate Agent	<input type="checkbox"/> Stock and Station Agent
<input type="checkbox"/> Business Agent	<input type="checkbox"/> Conditional Real Estate Agent (Sell Land by Auction only)	<input type="checkbox"/> Conditional Real Estate Agent (Owners Corporation Managing Agent)
APPLICANT DETAILS		
TITLE (<i>Mr, Mrs, Ms</i>)	GIVEN NAMES	SURNAME
HOME ADDRESS (<i>Property Name, Unit, Flat No, Street Number, Street Name</i>)		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
POSTAL ADDRESS (<i>If different to home address</i>)		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	
()		
WORK TELEPHONE NUMBER	EMAIL ADDRESS	
()		
Will you be conducting your own business under this licence		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'no' to the above, please provide the details of the licensed agent who will employ you?		
Agent's Name		Licence No. 18
Agency's Address		
Do you require this licence to be the licensed director of a company that holds a licence? (if yes, complete details below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require this licence to be the day-to-day manager of another licensee's business? (if yes, complete details below)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Licensee		Licence No. 18

BUSINESS PREMISES All applicants must identify the primary place of business. This may be the address of your workplace or your home address if you work from home	
TRADING NAME	
BUSINESS ADDRESS	
POSTAL ADDRESS OF PREMISES	

DECLARATION BY APPLICANT

I have included the following documents with my application and confirm that the information provided in this application is true and accurate. I understand that the provision of false or misleading information is an offence.

- Original or certified copy of a Police Certificate issued by the AFP or CrimTrac dated not earlier than 2 months before the lodgement of this application (not required if application is being made under mutual recognition).**
- Original or certified copies of my attainment of competency in the qualifications required for a licence or my interstate licence.**
- Certified copies of two forms of personal identification (one must be photographic).**

Notice of intent to apply for a licence (not required for applications for a conditional owners corporation managing agent licence or if the application is being made under mutual recognition).

<input type="checkbox"/>	I consent to Access Canberra publishing my notice of intention to apply for an Agent Licence on the ACT Government Website	OR	<input type="checkbox"/>	I have attached the Canberra Times Notice stating my intention to apply for an agent licence that was published within the last 10 working days
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Signature of Applicant	Date / /20	Date Received Details (Access Canberra Stamp)
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ACCEPTABLE FORMS OF PERSONAL IDENTIFICATION

PRIMARY ID YOU MUST HAVE AT LEAST ONE OF THE FOLLOWING – WHICH MUST BE CURRENT AND BEAR A PHOTOGRAPH OF YOU THAT IS STILL A GOOD LIKENESS

<i>Current</i> Driver's licence (photo) <i>Current</i> Learner driver's licence/permit (photo) <i>Current</i> Passport (photo) <i>Current</i> Proof of age card or Identity Card issued by a State or Territory Identity (photo) <i>Current</i> Firearms licence (photo)	<i>Current</i> Shooter's licence (photo) <i>Current</i> Security licence (photo) <i>Current</i> Boat licence (photo) <i>Current</i> Defence forces ID (photo) <i>Current</i> Government department ID (photo)
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SECONDARY ID YOU MUST HAVE A SECOND FORM OF ID, WHETHER FROM THE PRIMARY ID LIST ABOVE OR ANY OF THE FOLLOWING, WITH OR WITHOUT A PHOTO

Bank passbook <i>Current</i> Birth certificate Birth certificate extract Birth certificate (certified copy) Boat licence <i>Current</i> Certificate of Australian Citizenship Credit card <i>Current</i> Credit union passbook <i>Current</i> Defence forces ID <i>Current</i> Driver's licence <i>Current</i> Firearms licence <i>Current</i>	Government department ID <i>Current</i> Health benefits card <i>Current</i> Learner driver's licence/permit <i>Current</i> Marriage certificate Medicare card <i>Current</i> Naturalisation Certificate Passport <i>Current</i> Proof of age card <i>Current</i> Public utility account <i>Current or recent</i> Rate notice <i>Current of recent</i> Shooter's licence <i>Current</i> Taxation assessment notice <i>Recent</i>
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STATUTORY DECLARATION – APPLICANT

Statutory Declarations Act 1959 (Commonwealth)

I, Name in full,
of Full residential address,
whose current occupation is _____,

make the following declaration under the *Statutory Declarations Act 1959* in support of an application for a registration under the *Agents Act 2003*:

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1 | Do you have any conviction(s) for <u>any offence(s)</u> involving dishonesty, either in Australia or any other country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Are you an undischarged bankrupt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | At any time in the last three years have you been an undischarged bankrupt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | At any time in the last three years have you applied to take benefit of any law for the relief of bankruptcy to insolvent debtors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | At any time in the last three years have you compounded with creditors or made an assignment of remuneration for their benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | At any time in the last three years were you involved in the management of a corporation when a controller or administrator was appointed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | At any time in the last three years were you involved in the management of a corporation when the corporation became the subject of a winding up order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 | Do you have a mental incapacity that may affect the exercise of your licensed functions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 | Are you disqualified under a corresponding law from holding an authority (however described) to be an agent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 | Do you hold an authority (however described) under a corresponding law to be an employee of an agent that is suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | Have you contravened, or are you contravening, a provision of the <i>Agents Act 2003</i> , prescribed under the regulations as a disqualifying breach? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Are you in partnership with a person who is disqualified from being licensed or registered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Disqualifying Offences

For the purpose of all application for a licence under the *Agents Act 2003* a reference to disqualifying offence means any offence or offences involving dishonesty.

AND I acknowledge that if I make a false statement in this application I am committing an offence under the Criminal Code 2002 and criminal penalties up to 10 years imprisonment may apply.

I understand that if I make a false statement my business or professional indemnity insurance may not be honoured.

All information provided in this application is true and correct to the best of my knowledge.

SIGNATURE OF PERSON MAKING THIS DECLARATION

✕

Signature of person making the declaration

Declared at _____ On the _____ Day of _____ 20____

Before me ✕

Signature of witness

Full name of witness

of Full residential address

whose qualification is _____

ADDITIONAL PARTICULARS FORM

FULL NAME OF LICENSED AGENT WHO WILL EMPLOY YOU IN THE ACT (If you are not operating your own business)	
	Licence Number 18

COPY OF ADVERTISEMENT IN THE CANBERRA TIMES (where applicable)		
Date of Advertisement / /20	Page No:	Full page attached <input type="checkbox"/>

PRESCRIBED QUALIFICATIONS FOR A REAL ESTATE AGENT LICENCE			
Licence Type	Qualification required for a Licence	Tick licence required	Access Canberra use only
Real estate, stock and station or business agent	Statement of attainment or qualification issued by a registered training organisation certifying competency in each of the units of <i>Property Services Training Package (CPP07)</i> or <i>Property Development and management (PRD01)</i> .	<input type="checkbox"/>	QUAL/MR
Conditional real estate to sell land by auction only	Statement of attainment or qualification issued by a registered training organisation certifying competency in the unit of <i>CPPDSM4004A – conduct auction or PRDEA26A conduct property sale by auction</i>	<input type="checkbox"/>	QUAL/MR

DETAILS OF THE LICENSED AGENT TRUST ACCOUNT Division 7 of the *Agents Act 2003* requires that all licensed real estate, business and stock and station agents keep a trust account at an authorised deposit taking institution in the ACT. Each trust account must include the words 'trust account' and you must inform the Commissioner for Fair Trading of the details of the trust account for the purposes of the Act. Details of the trust account must be provided to the Commissioner for Fair Trading within **two business days** of becoming licensed. If you are employed by a licensed agent (company or individual) you must provide their trust account details.

FULL NAME OF LICENSED AGENT	AGENT'S PLACE OF BUSINESS

LICENCE NUMBER:	Real Estate	1840
	Business	1850
	Stock and Station	1860
TRUST ACCOUNT DETAILS	PROPERTY	SALE
Name of Bank or Institution		
Branch Address		
BSB		
Account Number		
Account Name		

STATUTORY DECLARATION FOR MUTUAL RECOGNITION
Statutory Declarations Act 1959 (Commonwealth)

**THIS STATUTORY DECLARATION SHOULD ONLY BE COMPLETED IF YOU HOLD A CURRENT LICENCE IN ANOTHER STATE OR TERRITORY AND YOU ARE SEEKING MUTUAL RECOGNITION OF THAT LICENCE.
 APPLICANTS SEEKING A LICENCE UNDER MUTUAL RECOGNITION ARE NOT REQUIRED TO PROVIDE A POLICE CHECK OR PLACE A NOTICE IN THE CANBERRA TIMES.**

I, Name in full,
 of Full residential address
 whose current occupation is

I hereby give notice pursuant to the *Mutual Recognition (Australian Capital Territory) Act 1992*, that I am seeking a licence for an equivalent occupation in accordance with the mutual recognition principle and I make the following declaration under the *Statutory Declarations Act 1959 (C'wlth)*

1	I am licensed as a <small>(E.g: real estate agent, business agent, stock and station agent)</small>	In the State or Territory of: <small>(first issuing state or territory)</small>
2	I seek to be licensed for the above occupation in the Australian Capital Territory in accordance with the mutual recognition principles.	
3	I also hold a substantive licence for the equivalent occupation in the following jurisdictions	
	<input type="checkbox"/> NSW	<input type="checkbox"/> VIC
	<input type="checkbox"/> QLD	<input type="checkbox"/> TAS
	<input type="checkbox"/> WA	<input type="checkbox"/> SA
	<input type="checkbox"/> NT	
4	I am not a subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to that occupation.	
5	My licence is not cancelled or currently suspended as a result of disciplinary action in any State or Territory.	
6	I am not otherwise personally prohibited from carrying on such occupation in any State or Territory 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 or Territory.	
7	I am subject to the following special conditions (if any) in carrying on that occupation in the State, States or Territory:	
8	I give my consent to the making of inquiries of, and the exchange of information with, the authorities of any State or Territory regarding my activities in the relevant occupation or otherwise regarding matters to this notice.	
9	I attach a certified copy of my original registration or licence as evidence of my existing licence.	

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959* and I believe that the statements in this declaration are true in every particular

SIGNATURE OF PERSON MAKING THIS DECLARATION

✕

 Signature of person making the declaration

Declared at _____ On the _____ Day of _____ 20____

Before me ✕

 Signature of witness

 Full name of witness

of Full residential address

 whose qualification is _____

