



ACT
Government

Justice and Community Safety

APPLICATION FOR RENEWAL OF AN EMPLOYMENT AGENT LICENCE - INDIVIDUAL

Agents Act 2003

Agents Regulation 2003

PURPOSE

This form is to be used to renew an agent licence for an individual 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.ors.act.gov.au.

PRIVACY

The *Information Privacy Act 2014* applies in the ACT. The Act authorises the Commissioner for Fair Trading to collect the information required by this form for the purpose of renewing a licence. The JACS Privacy Policy contains information on how you can access or seek to correct any of your personal information that is held by the Directorate, as well as the process for lodging a complaint about an alleged breach of the *Information Privacy Act 2014*. The Privacy Policy can be found on the JACS website at <http://www.justice.act.gov.au/privacy>. The Commissioner may provide additional information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

CONTACT

Office of Regulatory Services Shopfront
255 Canberra Avenue, Fyshwick ACT 2609

Opening Hours 9:00am to 4:30pm Monday to Friday

General Enquiries (02) 6207 0562

Office of Regulatory Services Postal Address
GPO Box 158, Canberra City ACT 2601

Website www.ors.act.gov.au Email ors.bil@act.gov.au

Fax Number (02) 6207 0424

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- The Agents Practice Manual, forms and current fees can be found at www.ors.act.gov.au.
- Complete this form using a black or blue pen only.
- Please identify the term of licence you require by marking the relevant box on the renewal form and include the appropriate fee as identified on the website.
- Cheques should be made payable to the Office of Regulatory Services.

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.



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LICENCE DETAILS		
<input type="checkbox"/> 1 year licence	<input type="checkbox"/> 3 year licence	<input type="checkbox"/> 3 year licence with annual payment
APPLICANT DETAILS	APPLICANT LICENCE NUMBER	
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.
Agency's Address		
Do you require this licence to be the licensed director of a company that holds a licence? <i>(if yes, complete details below)</i>		<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? <i>(if yes, complete details below)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Licensee		Licence No.
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		



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STATUTORY DECLARATION – APPLICANT			
<i>Statutory Declarations Act 1959 (Commonwealth)</i>			
TITLE (Ms, Mr, Dr)	FIRST GIVEN NAME	SECOND GIVEN NAME	FAMILY NAME / SURNAME
RESIDENTIAL ADDRESS DETAILS (Property Name, Unit, Flat, Room No, Street Number, Street Name)			
CITY / SUBURB	STATE	POSTCODE	COUNTRY
OCCUPATION			
<p>I, the person named above, am applying for the renewal of my licence under the Agents Act 2003 and, in support of the application I make the following Statutory Declaration under the Statutory Declarations Act 1959:</p> <ul style="list-style-type: none"> That I will make true answers to all questions in this statutory declaration by checking or selecting the corresponding YES or NO box beside the questions; That for each question I answer YES, I will provide full and accurate details of the facts or matters specified or associated with the question, attaching additional details on an annexure form. 			
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	Does the corporation currently have an administrator or controller appointed, or has there been an administrator or controller appointed at any time in the last three years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Are you disqualified under a corresponding law from holding an authority (however described) to be an agent or to be an employee of an agent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Do you hold an authority (however described) under a corresponding law to be an agent or to be an employee of an agent that is suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No

12	Have you contravened, or are you contravening, a provision of the Agents Act 2003, prescribed under the regulations as a disqualifying breach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>AND 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.</p>			
SIGNATURE OF PERSON MAKING THIS DECLARATION			
Signature of person making the declaration			
SIGNATURE AND DETAILS OF WITNESS - WHO MUST BE AN AUTHORISED PERSON			
Declared at		on the	day of
			20
Before me	Signature of Witness	Full Name of Witness	
Qualification of Witness			
Address of Witness			
<p>Note: A person who wilfully makes a false statement in a statutory declaration under the Statutory Declarations Act 1959 as amended is guilty of an offence under the act, the punishment for which is a fine not exceeding \$200 or imprisonment for a term not exceeding 6 months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment. Link to persons before whom a statutory declaration may be made. Statutory Declaration</p>			
DISQUALIFYING OFFENCES			
For the purposes of all applications for registration under the <i>Agents Act 2003</i> a reference to “ disqualifying offence ” means any offence or offences involving dishonesty.			



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CREDIT CARD PAYMENT AUTHORITY

This form can be used to pay a fee associated with a service, registration or application by credit card. Fees may also be paid by attending the Office of Regulatory Services using cash, credit card, EFTPOS, money order or cheque. Money orders and cheques should be made payable to the Office of Regulatory Services. Information on this form is collected for the purposes of processing a fee associated with a service, registration or licence. The Office of Regulatory Services prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (C'wlth)*.

TYPE OF SERVICE, REGISTRATION OR APPLICATION

CREDIT CARD DETAILS

Type Credit Card

Mastercard VISA

Expiry Date

/

Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Credit Card Holder Name

CREDIT CARD HOLDER AUTHORISATION

I, _____ consent to the Office of Regulatory Services debiting
\$. from the credit card detailed above, for the type of service described above.

Date: / /

Signature: