



**NOTIFICATION OF A CHANGE OF PARTICULARS
TRAVEL AGENTS LICENCE**
Travel Agents Act 1985

If a change in the particulars occurs as specified in Section 9(3), (4) or (5) of the *Travel Agents Act 1985*, the licensee shall within 14 days give notice in writing specifying the particulars of the change.

This form can be used to update the following details about a licensee (only complete the section/s that relate to the change):

- **change of company name** ■ **change of directors/office holders** ■ **change of address**
- **change of business name** ■ **add new branch(s)** ■ **close branch(s)**
- **a new manager** ■ **appoint proxy manager** ■ **change of licence category**
- **purchase a duplicate licence certificate** (fee applies)

NOTIFICATIONS

THIS SECTION APPLIES TO ALL LICENSEES

Name of Licensee :
(*Insert company name or person named on the licence certificate*)

Licence no: TA _ _ _ _ _ (Insert the number displayed on the licence certificate)

Licence Category (*Type of travel you are currently licensed to arrange only Category A or Category*)

Category **A** Business (Sale of International Travel or International Travel and Accommodation) []
(Category A also includes the sale of Domestic Travel and Accommodation)

Category **B** Business (Means ONLY Sale of Domestic Travel or Domestic Travel and Accommodation) []

**NOTE: THIS NOTIFICATION OF CHANGE IN PARTICULARS FOR A TRAVEL AGENTS LICENCE
MUST BE SIGNED BY AN AUTHORISED PERSON. SEE PAGE 4.**

If there is insufficient space provided please copy relevant section/s.

[] **Change of Company Name:**

New company name(s):

Provide ACN.....

Please ensure that any change of name or address is registered with the Australian Securities and Investments Commission (ASIC). Telephone 1300 300 630 or visit online at www.asic.gov.au.

The details of the ASIC register will be verified by Consumer Protection.

In order to assist with the determination of this change, I authorise the Commissioner, or persons so directed, to obtain on my behalf any document, record, file or information that may be necessary and relevant to consider my fitness and propriety to be a Director / Office Holder / Manager of a travel agency, including but not limited to records relating to my criminal history, current/previous occupational licences and other relevant information. Further, I declare that the information and documents given with or in support of this change in particulars, whether or not provided at the time of or subsequent to lodgement, are true and correct.

I understand that providing a false or misleading statement is an offence.

New Manager / Director Signature: **Date:** ... / ... /

Qualifications of New Manager/Proxy Manager: for **Category A** licences only. **New Director/s do not need to be qualified unless nominated as Manager for the purpose of section 29(2) of the Act.**

Attach evidence showing the successful achievement of the Unit of Competency "Construct normal international airfares" delivered or assessed by a registered training organisation with the national training package code of: **THTSOP20A; SITTSL013A; SITTSL013B or SITTSL310.**

-or-

Provide a statement of service or resume showing at least one years' full-time experience (or equivalent) in the 5 years preceding this application,

- selling tickets, or arranging rights of passage, for international travel, or international travel and accommodation;
- or
- as a person employed to be in charge of the day to day conduct of a licensed travel agency in another Australian State or Territory selling tickets, or arranging rights of passage, for international travel, or international travel and accommodation.

[] Request duplicate licence certificate: (fee applies)

The licence certificate has been **lost / destroyed** (please circle). In accordance with Section 15(3) of the *Travel Agents Act 1985*, I wish to be issued a duplicate certificate.

NOTE: you will be contacted by the Licensing Branch to arrange payment by credit card on receipt of your request. Otherwise, please include a cheque made payable to the Commissioner for Consumer Protection with this form. See www.commerce.wa.gov.au/CP/licensingfees for the current fee or contact the Licensing Branch.

This form is to be signed by the licensee or in the case where the licensee is a body corporate, a director or company secretary.

I declare that the information provided is true and correct and I understand that providing false or misleading information in a notice or application is an offence under the Travel Agents Act.

Signature: Date: / /

Name:

Return all completed forms and supporting documentation (if required) to:

Department of Commerce
Consumer Protection Licensing Branch
219 St Georges Terrace, Perth WA 6000
Locked Bag 14, Cloisters Square, Perth WA 6850
Telephone: 1300 30 40 64 (option 6) Fax: (08) 9282 0861
licensingenquiries@commerce.wa.gov.au