



Travel Agents - Periodic Statement

The *Travel Agents Act 1985* (section 19) requires licensed travel agents to complete and lodge with the Commissioner for Consumer Protection, a periodic “statement” in respect of their operations for the period commencing from the time that their licence was granted or the time since their last periodic statement was lodged (whichever period is the later).

To satisfy the requirements of the Act you are required to complete and return this form to the Department of Commerce, Consumer Protection together with the prescribed fee (www.commerce.wa.gov.au/CP/licensingfees), by the licensee’s anniversary date.

Note: Each partner in a partnership that operates a travel agency is required to lodge a separate statement.

1. Licensee details

Name of Licensee	<input type="text"/>
Licence number	<input type="text" value="TA"/>
Email address	<input type="text"/>
Postal address	<input type="text"/>

2. Operations since last periodic statement, authorisation and declaration

The business operated by the licensee has traded in compliance with the requirements of the *Travel Agents Act 1985* since the last periodic statement was lodged, or the licence was granted. I declare that no criminal conviction has been recorded against the licensed entity or me within the last three years and that the information provided is true and correct to the best of my knowledge. 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 and determine my fitness and propriety to hold a licence, including but not limited to records relating to current/previous occupational licences, credit reference check or other relevant information. I understand that I may also be required to provide additional documentation for the purpose of assessing this periodic statement, including but not limited to a national police certificate. I understand that making a statement that is false or misleading by reason of the inclusion therein of any false or misleading matter or the omission therefrom of any material matter is an offence.

Full Name:	Full Name:
Signature:Date:	Signature:Date:
Full Name:	Full Name:
Signature:Date:	Signature:Date:

This statement must be signed by the licence holder, all directors (in the case of a company) and all managers.

3. Lodgement and credit card details

Your completed statement may be forwarded by email to: licensingenquiries@commerce.wa.gov.au	by post to: Department of Commerce, Consumer Protection Locked Bag 14, Cloisters Square PERTH WA 6850
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Card Type Visa Mastercard

Card Number

Expiry Date / Card Holder

Amount: \$ Signature/Authorisation:

**Department of Commerce
Consumer Protection**

Ground floor “Forrest Centre”
219 St Georges Terrace
PERTH WA 6000

Locked Bag 14
Cloisters Square WA 6850

Licensing Advice Line
8:30am to 5.00pm
Monday to Friday
Tel: 1300 30 40 64

Overseas Callers
+61 8 9282 0459

Email
licensingenquiries
@commerce.wa.gov.au

Web Site
www.commerce.wa.gov.au/CP/licences

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