



# Application for Renewal for a Debt Collector's Licence by an Individual (Form 1)

Department of Commerce  
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  
Fax: 08 9282 0861  
licensingenquiries@commerce.wa.gov.au

**General Enquiries**  
1300 30 40 54

**Web Site**  
[www.commerce.wa.gov.au](http://www.commerce.wa.gov.au)

Please use a pen and write neatly using **BLOCK LETTERS**.  
Tick where appropriate

## Applicant details

I (Mr/Mrs/Ms/Miss) \_\_\_\_\_  
(surname) (other names)

of (place of abode) \_\_\_\_\_  
(full address including State)

hereby make an application for the renewal of a Debt Collector's Licence.

My current licence number \_\_\_\_\_ will expire on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(date) (month) (year)

Business/Company Name (if applicable): \_\_\_\_\_

ABN (if applicable): \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

I am not under twenty-one years of age.

## Place(s) of business

My principal or sole place of business where I propose to carry on business as a debt collector is situated at \_\_\_\_\_  
(full address including State)

Postal address (if different from above): \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

The other place(s) at which I intend to carry on business as a debt collector are situated at \_\_\_\_\_

(full addresses including State — attach additional sheet if necessary)

Phone number: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_

**Receipt of trust monies**

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Tick one of the following boxes

I do **not** intend to receive or hold trust monies and if such monies are received I will notify the Commissioner for Consumer Protection, in writing, of the trust account.

I intend to receive or hold trust monies and therefore provide details of my trust account.

**Details of trust account** (only required for applicants intending to receive trust monies)

Name of financial institution: \_\_\_\_\_

Address of financial institution: \_\_\_\_\_

BSB and account number: \_\_\_\_\_

*Please attach proof of the trust account being open.*

**Details of bond/bank guarantee**

Amount of bond/bank guarantee: \$ \_\_\_\_\_

Expiry date (if applicable): \_\_\_\_\_

Name of institution providing bond/bank guarantee: \_\_\_\_\_

Address of institution: \_\_\_\_\_

*Please include your original bond/bank guarantee with your application. Pro forma bond/bank guarantee documents are available for the Department of Commerce.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(date)

(month)

(year)

NAME: \_\_\_\_\_  
(Please print)

\_\_\_\_\_  
Signature



## Debt Collectors Licensing Act 1964 Application for Renewal of Licence - Requirements

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### For an Individual

1. Renewal fee - see [www.commerce.wa.gov.au/CP/licensingfees](http://www.commerce.wa.gov.au/CP/licensingfees).
2. Form 1 - Application for Renewal of a Debt Collector's Licence by an Individual (in duplicate).
3. Original fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$6,000.
4. Bank documentation which evidences the name of the trust account(s), the name and address of the bank where the account is kept and the BSB and account number(s).

### For a Company

1. Renewal fee - see [www.commerce.wa.gov.au/CP/licensingfees](http://www.commerce.wa.gov.au/CP/licensingfees).
2. Form 1—Application for Renewal of a Debt Collector's Licence by a Company (in duplicate) signed on behalf of the company by its manager, secretary or other governing officer.
3. If any new directors have been appointed, three **business** testimonials for each new director. References from subordinates, relatives, partners or co-directors will not be accepted and at least one reference must be from a person external to the director's current place of employment.  
Referees should provide as much detail as they are able against the criteria of section 9 of the Act.
4. Original fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$10,000.
5. Bank documentation which evidences the name of the trust account(s), the name and address of the bank where the account is kept and the BSB and account number(s).

Completed renewal applications may be forwarded to the Commissioner for Consumer Protection at:

Locked Bag 14  
CLOISTERS SQUARE WA 6850

or  
Ground Floor, 219 St Georges Terrace  
PERTH WA 6000

Existing licensees may also apply for the transfer of their licence to another person who is qualified to hold the licence.

For further details regarding any of the above information please contact a licensing officer on 1300 30 40 64.