

### 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](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.act.gov.au/accessCBR](http://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 and Business Agents 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.
- For a company to be eligible to hold a real estate agent licence; a business agent licence; or a stock and station agent licence, the company must have at least one director who also holds a licence of the same kind. For example, if a company has all 3 licence types, then it must have one or more directors who hold (among them) personal licences of all 3 licence types. The licensed director must complete the real estate application form – individual.
- Each place of business must have a day to day manager who is also a licensed agent.
- 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](http://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.

- **RECOMMENDED WORDING FOR APPLICANTS ADVERTISING IN THE CANBERRA TIMES  
(Company Licence)**

*(full registered name of the company) of (registered office of the company) gives notice that the said company intends 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 the company at the registered office above within ten business days of the date of the publication of this notice.*

- You must attach the original or a certified copy of a Police Certificate for the company and all directors issued by the Australian Federal Police or CrimTrac dated no earlier than 2 months prior to the date of lodgement with Access Canberra, certified copies of two forms of personal identification for each director and a company extract issued not earlier than 30 days prior to the date of lodgement with Access Canberra.
- Cheques should be made in favour of Access Canberra.

### 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.

### LODGE MENT AND CONTACT INFORMATION

**Email:**  
[Ors.bil@act.gov.au](mailto: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](http://www.act.gov.au/accessCBR)  
Or call **132281** to find an  
Access Canberra Shopfront.



**DIRECTORS** Each Director listed must complete a Personal Particulars Form, a Statutory Declaration Form, provide a police check no older than 60 days from the date of lodging this form and certified copies of two forms of identification with at least one of them being photographic.

FULL NAME OF DIRECTOR	Position Held	Personal Particulars Form & ID	Police Certificate	Statutory Declaration
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DETAILS OF LICENSED DIRECTOR** For a company to be eligible to hold a real estate agent, business or a stock and station agent, the company must have at least one director who holds a licence of the same kind.

<b>FULL NAME OF LICENSED DIRECTOR</b>			
<b>LICENCE NUMBER/S</b>	1840	1850	1860

**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.

TRUST ACCOUNT DETAILS	PROPERTY	SALE
Name of Bank or Institution		
Branch Address		
BSB		
Account Number		
Account Name		

**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.

- A Company Police Certificate issued by the AFP or CrimTrac dated not earlier than 2 months before the lodgement of this application.
- A Company Extract issued by ASIC that is not more than 30 days old at time of lodgement of this application.

**Notice of intent to apply for a licence** (not required for applications for a conditional owners corporation managing agent licence).

<input type="checkbox"/>	I consent to Access Canberra publishing my notice of intention to apply for a Real Estate Agent Licence on the ACT Government Website	OR	<input type="checkbox"/>	I have attached The Canberra Times Notice stating my intention to apply for a Real Estate Agent Licence that was published within the last 10 business days
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Signature of Applicant	Date / /20	Date Received Details (Access Canberra Stamp)
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# APPLICATION FOR AN AGENT LICENCE-COMPANY

Agents Act 2003  
Agents Regulation 2003

## PERSONAL PARTICULARS FORM To be completed by each director

<b>TITLE</b> <i>(Mr, Mrs, Ms)</i>	<b>GIVEN NAMES</b>	<b>SURNAME</b>
<b>HOME ADDRESS</b> <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>POSTAL ADDRESS</b> <i>(If different to home address)</i>		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>HOME TELEPHONE NUMBER</b>	<b>MOBILE TELEPHONE NUMBER</b>	
( )		
<b>WORK TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>	
( )		

## 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.

- A Police Certificate issued by the AFP or CrimTrac dated not earlier than 2 months before the lodgement of this application.
- The completed statutory declaration form
- Certified copies of two forms of personal identification (one must be photographic).

Signature of Applicant

Date / /20

Date Received Details  
(Access Canberra Stamp)

**STATUTORY DECLARATION – To be completed by each Director**

*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 \_\_\_\_\_ On the \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Before me ✘

Signature of witness

Full name of witness

of Full residential address

whose qualification is \_\_\_\_\_

<b>PREMISES - PRIMARY PLACE OF BUSINESS</b>		
TRADING NAME/S OF PRIMARY PLACE OF BUSINESS		
LOCATION OF PRIMARY PLACE OF BUSINESS		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
POSTAL ADDRESS <i>(If different to above)</i>		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>DAY TO DAY MANAGER</b>	<b>LICENCE NUMBER</b>	
	18	

<b>PREMISES – To be completed for any second of more places of business.</b>		
TRADING NAME/S OF PLACE OF BUSINESS		
LOCATION OF PLACE OF BUSINESS		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
POSTAL ADDRESS <i>(If different to above)</i>		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>DAY TO DAY MANAGER</b>	<b>LICENCE NUMBER</b>	
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If there are more than two premises operating under licence please attach further copies of this page.

