



## BUSINESS AND INDUSTRY LICENSING

# APPLICATION FOR AN EMPLOYMENT AGENT LICENCE

*Agents Act 2003*  
*Agents Regulation 2003*



## BIL 096 - PART A

### IMPORTANT INFORMATION

Applicants should be aware of their responsibilities under the *Agents Act 2003*. You can view the legislation and its regulations or download them from [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain information and relevant forms at [www.ors.act.gov.au](http://www.ors.act.gov.au).

### Licence Number

(office use only)

### PRIVACY

Information in this form is collected for the purposes of the *Agents Act 2003*. Information including your name, business address and licence number will be included on the public register of Agents in the Australian Capital Territory and may be accessed by the public. We may disclose other information provided to us as required by law.

Send Completed Applications to the Office of Regulatory Services:

Or provide in person at:

Or call for assistance on:

For email assistance, please refer to:

**GPO BOX 158, CANBERRA ACT 2601**

**255 Canberra Avenue, Fyshwick.**

**02 6207 0562**

**ors.bil@act.gov.au**

**YOU MUST COMPLETE AND SUBMIT ALL RELEVANT PARTS OF THE APPLICATION PACKAGE AND PROVIDE ALL REQUESTED DOCUMENTATION BEFORE YOUR APPLICATION WILL BE PROCESSED AND A DECISION IS MADE TO GRANT A LICENCE.**

#### Part A Information

(Part A seeks to provide you with an overview as to what you will require in applying for an agent licence and the type of supporting documentation you will need to provide to the Commissioner for Fair Trading).

#### Part B Organisation Particulars

(Information on the company including ABN or ACN. Only relevant if the applicant is a company).

#### Part C Personal Particulars Form for an individual

(Information required includes names, contact details, date of birth, residency status and personal ID. If the applicant is a company, all directors must complete this section and provide the information requested).

#### Part D Statutory Declaration Form

(Must be provided by all applicants and will assist the Commissioner for Fair Trading to decide whether to grant you a licence).

#### Part E Premises Particulars

(Only complete where you will be conducting your own business under the licence).

#### Part F Mutual Recognition Statutory Declaration Form

(Must be provided only if you are seeking Mutual Recognition of a **current interstate agent licence**)

#### Part G Credit card payment authority

(If you choose to pay by credit card, please note that your payment will not be processed until such time as your application has been approved by the Commissioner).

## INFORMATION YOU NEED TO KNOW ABOUT THE APPLICATION PROCESS

### LICENCE TYPES

An Employment Agent licence allows you to provide an employment agent service in the Australian Capital Territory. An Employment Agent finds, or helps to find, a person to carry out work for a principal.

### QUALIFICATIONS

There are no qualification requirements for an Employment Agent in the ACT.

### ADVERTISEMENT

You must publish a notice of intention to apply for a licence (specifying the licence category or categories) in a daily ACT newspaper, before you submit your application. You must submit the application within 10 business days of the date of the advertisement.

### RECOMMENDED WORDING FOR THE ADVERTISEMENT:

#### Personal Licence:

I (*insert your name*) of (*postal address- can be your place of business*) give notice that I intend to apply for a licence as a (*Employment 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 me at the address above within ten business days of the date of the publication of this notice.

#### 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 (*Employment 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.

### POLICE CERTIFICATE

You must provide a Police Certificate issued by the Australian Federal Police, with your application. You will need to apply to the Australian Federal Police for the Police Certificate. If the consent form is not attached to this form you can obtain a form and details of fees from the Australian Federal Police website at:

[http://www.afp.gov.au/business/national\\_police\\_checks.html](http://www.afp.gov.au/business/national_police_checks.html)

The Police Certificate must be from the AFP and must not be dated more than 2 months before the date of lodging your licence application with us. **Note** – a Police Certificate is **not required** if you have a **current interstate agent licence** and are seeking **mutual recognition** of that licence for the same activities in the ACT.

### DISQUALIFYING OFFENCES

For the purposes of all applications for licences under the *Agents Act 2003* a reference to “**disqualifying offence**” means any offence or offences involving dishonesty. A finding of guilt means that a court found you guilty of a charge but did not record a conviction against you (for example - you may have been released on a bond or similar, without conviction).

### MUTUAL RECOGNITION

If you are seeking Mutual Recognition of a current interstate licence, you must complete all the application forms including the Mutual Recognition statutory declaration (Part G). You will also need to include a certified copy of your current interstate licence. Please note that Mutual Recognition does not apply to applications for a company licence.

### LICENCE FEES

There is a fee for an Employment Agent licence in the ACT. Information on fees can be found at [www.ors.act.gov.au](http://www.ors.act.gov.au). Licence fees are GST exempt.

**YOU MUST PROVIDE ALL OF THE FOLLOWING AS PART OF YOUR APPLICATION**

(To assist ORS in assessing your application, please tick what is attached)

All applicants <b>MUST</b> provide	<input type="checkbox"/>	Personal Particulars Form ( <b>Part C</b> ) with certified copies of two forms of identification.
	<input type="checkbox"/>	Evidence of Citizenship if you were not born in Australia (Passport, certificate or evidence of residential status).
	<input type="checkbox"/>	A Police Certificate obtained by you from the <b>Australian Federal Police</b> – use the consent form attached or obtain on from the following link: <a href="http://www.afp.gov.au/_data/assets/pdf_file/3683/NE_CR100.pdf">http://www.afp.gov.au/_data/assets/pdf_file/3683/NE_CR100.pdf</a> A Police Certificate is NOT required if you are applying for mutual recognition of a current interstate licence for the same activities.
	<input type="checkbox"/>	Statutory Declaration ( <b>Part D</b> ).
	<input type="checkbox"/>	A copy of your advertisement from a daily Canberra newspaper stating your intention to apply for an agent licence ( <b>Part E</b> ). An advertisement is NOT required if you are applying for mutual recognition of a current interstate licence for the same activities.
	<input type="checkbox"/>	Premises Particulars form ( <b>Part E</b> ) for the primary and additional place(s) of business under this licence.
If the applicant is a company	<input type="checkbox"/>	Organisation Particulars form ( <b>Part B</b> ).
	<input type="checkbox"/>	Personal particulars of all directors.
	<input type="checkbox"/>	A company police certificate obtained from the Australian Federal Police issued within two months before the application.
	<input type="checkbox"/>	Current company extract issued from the Australian Securities and Investment Commission (ASIC) within the last thirty days.
If you applying for mutual recognition, please also include	<input type="checkbox"/>	Mutual Recognition Statutory Declaration ( <b>Part F</b> ) – This is only required where you are seeking Mutual Recognition of a <b>current</b> interstate licence for the same activities.
	<input type="checkbox"/>	Evidence of your <b>current</b> interstate licence for the same activities (must be a certified copy of your current interstate licence).



**BUSINESS AND INDUSTRY LICENSING**

**APPLICATION FOR  
AN EMPLOYMENT AGENT  
LICENCE**

*Agents Act 2003  
Agents Regulation 2003*



**BIL 096 - PART B**

**ORGANISATION PARTICULARS FORM**

(only complete where the applicant is a company)

**REGISTERED NAME OF CORPORATION** (Full registered name of Company)

--

**AUSTRALIAN BUSINESS NUMBER (A.B.N)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**AUSTRALIAN COMPANY NUMBER (A.C.N)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**REGISTERED OFFICE ADDRESS**

(Property name, unit flat, or room number, floor or level number, street number and street name)

--

CITY/ SUBURB/ TOWN	STATE / TERRITORY	POSTCODE
--------------------	-------------------	----------

--	--	--

**POSTAL ADDRESS – if different to the one shown above**

--

CITY/ SUBURB/ TOWN	STATE / TERRITORY	POSTCODE
--------------------	-------------------	----------

--	--	--

**CONTACT PERSON**

--

BUSINESS TELEPHONE NUMBER	BUSINESS FAX NUMBER
---------------------------	---------------------

--	--

CONTACT MOBILE NUMBER	BUSINESS OR CONTACT EMAIL ADDRESS
-----------------------	-----------------------------------

--	--

<b>ALL DIRECTORS</b> Each person listed here must complete Parts C and D of this form. Each document must be attached.	Position Held	Personal Particulars Form and 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"/>
		<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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DETAIL OF LICENSED DIRECTOR** For a company to be eligible to hold an Employment Agent licence the company must have at least one director who also holds a licence of the same kind. The licensed director(s) must be included in the list of directors above.

**FULL NAME OF LICENSED DIRECTOR**

--

LICENCE TYPE	LICENCE NUMBER
EMPLOYMENT AGENT	

I confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence.

**SIGNATURE ON BEHALF OF A COMPANY**

Signature _____  Dated                    _____ / _____ / 20____  Signature _____  Dated                    _____ / _____ / 20____	Date Received Details (ORS Stamp)
--	-----------------------------------



## BUSINESS AND INDUSTRY LICENSING

# APPLICATION FOR AN EMPLOYMENT AGENT LICENCE

*Agents Act 2003*  
*Agents Regulation 2003*



**BIL 096 - PART C**

## PERSONAL PARTICULARS FORM

(for a company application all directors must each complete this part. Please make copies if there is more than one director)

TITLE (Ms, Mr, Dr)	FIRST GIVEN NAME	SECOND GIVEN NAME	FAMILY NAME / SURNAME

DATE OF BIRTH	CITY / TOWN OF BIRTH	COUNTRY OF BIRTH	NATIONALITY

### RESIDENTIAL ADDRESS DETAILS

(Property Name, Unit, Flat, Room No, Street Number, Street Name)

--	--	--	--

CITY / SUBURB	STATE	POSTCODE	COUNTRY

### RESIDENTIAL STATUS

<input type="checkbox"/> Australian Citizen (Evidence required if not born in Australia)	<input type="checkbox"/> Permanent Resident (Evidence required)
---	--

### POSTAL ADDRESS DETAILS (If different to residential address)

--	--	--	--

CITY/ SUBURB/ TOWN	STATE / TERRITORY	POSTCODE	COUNTRY

HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER

WORK TELEPHONE NUMBER	EMAIL ADDRESS

### FORMS OF IDENTIFICATION PRESENTED IN SUPPORT OF APPLICATION (see list on next page)

	Type	Number	Expiry Date	Copy Attached
Primary Identification				<input type="checkbox"/>
Secondary Identification				<input type="checkbox"/>
Evidence of Citizenship				<input type="checkbox"/>

**Will you be conducting your own business under this licence?**Yes No **If you answered no above, who is the licensed agent who will employ you?**

Name of agent

Licence number

Address of agency where you will be working

**Do you require this licence to be the licensed director of a company that holds a licence?**Yes  If yes, complete information belowNo **Do you require this licence to be the day-to-day manager of another licensee's business?**Yes  If yes, complete information belowNo 

Name of licensee

Licence number

**DECLARATION BY APPLICANT  
STATEMENT**

I confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence.

**SIGNATURE OF APPLICANT**

Applicant Signature \_\_\_\_\_

Dated \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Date Received Details (ORS Stamp)

**ACCEPTABLE FORMS OF PERSONAL IDENTIFICATION – MUST BE CERTIFIED OR ORIGINALS SIGHTED****PRIMARY ID YOU MUST HAVE AT LEAST ONE OF THE FOLLOWING – WHICH MUST BE CURRENT AND MUST BEAR A PHOTOGRAPH OF YOU THAT IS STILL A GOOD LIKENESS**

*Current* Driver's licence (photo)  
*Current* Learner driver's licence/permit (photo)  
*Current* Passport (photo)  
*Current* Proof of age card or Identity Card issued by a State or Territory Identity (photo)  
*Current* Firearms licence (photo)

*Current* Shooter's licence (photo)  
*Current* Security licence (photo)  
*Current* Boat licence (photo)  
*Current* Defence forces ID (photo)  
*Current* Government department ID (photo)

**SECONDARY ID YOU MUST HAVE A SECOND FORM OF ID, EITHER FROM THE PRIMARY ID LIST ABOVE OR ANY OF THE FOLLOWING, WITH OR WITHOUT PHOTO**

Bank passbook *Current*  
 Birth certificate  
 Birth certificate extract  
 Birth certificate (certified copy)  
 Boat licence *Current*  
 Certificate of Australian Citizenship  
 Credit card *Current*  
 Credit union passbook *Current*  
 Defence forces ID *Current*  
 Driver's licence *Current*  
 Firearms licence *Current*

Government department ID  
*Current* Health benefits card *Current*  
 Learner driver's licence/permit *Current*  
 Marriage certificate  
 Medicare card *Current*  
 Naturalisation Certificate  
 Passport *Current*  
 Proof of age card  
 Public utility account *Current or recent*  
 Rate notice *Current of recent*  
 Shooter's licence *Current*  
 Taxation assessment notice *Recent*



BUSINESS AND INDUSTRY LICENSING

# APPLICATION FOR AN EMPLOYMENT AGENT LICENCE



**BIL 096 - PART D**

*Agents Act 2003*  
*Agents Regulation 2003*

## STATUTORY DECLARATION

*Statutory Declaration Act 1959*

**THIS STATUTORY DECLARATION MUST BE COMPLETED BY ALL APPLICANTS  
WHETHER OR NOT MUTUAL RECOGNITION APPLIES TO YOU.**

### DETAILS OF PERSON MAKING THIS STATUTORY DECLARATION

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

I, the person named above, am applying for a licence under the **Agents Act 2003** and, in support of my application I make the following Statutory Declaration under the **Statutory Declarations Act 1959**:

- 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 | Have ever been found guilty or convicted of any offence 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 functions as a licensee?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 | Do you hold a licence or registration under the <i>Agents Act 2003</i> that is suspended?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



10	Are you disqualified by the Consumer and Trader Tribunal or the ACT Civil and Administrative Tribunal from being licensed or registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	If you are currently registered or licensed for a similar activity, have you contravened or are you contravening an order of the Consumer and Trader Tribunal or the ACT Civil and Administrative Tribunal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	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
13	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
14	Are you in partnership with a person who is disqualified from being licensed or registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	If the applicant is a corporation (of which you are an executive officer or director) is it the subject of a winding up order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	If the applicant is a corporation (of which you are an executive officer or director) has a controller or administrator been appointed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	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
<p><b>AND</b> I understand that a <b>person who intentionally makes a false statement</b> in a statutory declaration is <b>guilty of an offence</b> under section 11 of the <b>Statutory Declarations Act 1959</b>, 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

**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.**

<http://www.comlaw.gov.au/comlaw/legislation/legislativeinstrumentcompilation1.nsf/current/bytitle/BAF4F2D92E09F45ACA256F71004C14F1?OpenDocument&mostrecent=1>

#### DISQUALIFYING OFFENCES

For the purposes of all applications for licences under the *Agents Act 2003* a reference to “**disqualifying offence**” means any offence or offences involving dishonesty.



BUSINESS AND INDUSTRY LICENSING

# APPLICATION FOR AN EMPLOYMENT AGENT LICENCE

*Agents Act 2003*  
*Agents Regulation 2003*



**BIL 096 - PART E**

## PREMISES PARTICULARS

### COPY OF ADVERTISEMENT IN THE CANBERRA TIMES

DATE OF ADVERTISEMENT	___/___/20___	PAGE NO: _____	COPY ATTACHED?	<input type="checkbox"/>
-----------------------	---------------	----------------	----------------	--------------------------

**PREMISES 1: PRIMARY PLACE OF BUSINESS** (The *Agents Act 2003* requires that all applicants identify the primary place of business in their application. For an individual this may be the address of your workplace or your home address if you work from home.)

– **TRADING NAME FOR THIS PREMISES** (If more than one name for this premises, attach further information)

--

**LOCATION ADDRESS** (Property name, unit flat, or room number, floor or level number, street number and street name)

--

**CITY/ SUBURB/ TOWN**

**STATE / TERRITORY**

**POSTCODE**

--	--	--

**DAY TO DAY MANAGER**

**MANAGER LICENCE NUMBER**

--	--

**POSTAL ADDRESS FOR THIS PREMISES**


**PREMISES 2 – TRADING NAME FOR THIS PREMISES** (If more than one name for this premises, attach further information)

--

**LOCATION ADDRESS** (Property name, unit flat, or room number, floor or level number, street number and street name)

--

**CITY/ SUBURB/ TOWN**

**STATE / TERRITORY**

**POSTCODE**

--	--	--

**DAY TO DAY MANAGER**

**MANAGER LICENCE NUMBER**

--	--

**POSTAL ADDRESS FOR THIS PREMISES**


If there will be more than two premises operating under this licence please attach further copies of this form for the additional premises

**STAGE 1 – RECOMMENDATION**

<input type="checkbox"/> <i>Licence to be Granted</i>	<input type="checkbox"/> <i>Licence Not to be Granted</i>
---	---

<input type="checkbox"/> <i>Conditional Licence to be granted</i>	<input type="checkbox"/> <i>Licence Follow Up Required</i>
---	--

*Comments*

Name of Officer Preparing Recommendation	Signature of Officer	Date
--	----------------------	------

**FOLLOW UP ACTION TAKEN**

<input type="checkbox"/> <i>Issues Rectified</i>	<input type="checkbox"/> <i>Issues NOT rectified</i>
--	--

*Comments*

**STAGE 2 – DECISION OF THE DELEGATE OF THE COMMISSIONER FOR FAIR TRADING**

<input type="checkbox"/> <i>Licence Granted</i>	<input type="checkbox"/> <i>Refused</i>	<input type="checkbox"/> <i>Action Required</i>
<input type="checkbox"/> <i>Conditional licence granted</i>		

*Comments / Conditions / Reasons for refusal*

Name of Decision Maker	Signature of Decision Maker	Date
------------------------	-----------------------------	------

**OFFICE USE ONLY**

Receipt Number		Date of Receipt		Entered into IBS by	
Licence Number		Date Issued			



## BUSINESS AND INDUSTRY LICENSING

# APPLICATION FOR AN EMPLOYMENT AGENT LICENCE

*Agents Act 2003*  
*Agents Regulation 2003*



**BIL 096 - PART F**

## STATUTORY DECLARATION FOR MUTUAL RECOGNITION

*Statutory Declaration Act 1959*

**DO NOT COMPLETE THIS STATUTORY DECLARATION UNLESS YOU HOLD A CURRENT LICENCE IN ANOTHER STATE OR TERRITORY AND YOU ARE SEEKING MUTUAL RECOGNITION OF THAT LICENCE.**

**YOU DO NOT REQUIRE A POLICE CERTIFICATE IF MUTUAL RECOGNITION APPLIES TO YOU.**

### DETAILS OF PERSON MAKING THIS STATUTORY DECLARATION

TITLE <small>(Ms, Mr, Dr)</small>	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**

### NOTICE OF INTENTION TO APPLY FOR MUTUAL RECOGNITION FOR AN EQUIVALENT OCCUPATION

I, the person named above, hereby give notice pursuant to the ***Mutual Recognition (Australian Capital Territory) Act 1992***, that I am seeking registration (or licensing) for an equivalent occupation in accordance with the **mutual recognition principle** and **I make the following declaration under the *Statutory Declarations Act 1959*:**

<b>1</b>	I am registered (or licensed) as a	in the State or Territory of :
	<small>Eg.: real estate agent, business agent, stock and station agent</small>	

<b>2</b>	I seek to be registered (or licensed) for the above occupation in the Australian Capital Territory in accordance with the mutual recognition principle.
----------	---

<b>3</b>	I hold substantive registration for the equivalent occupation in the following States: (Check box or boxes)
----------	---

NSW
  VIC
  QLD
  TAS
  WA
  SA
  NT

<b>4</b>	I am not the subject of disciplinary proceedings in any State (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to that occupation.
<b>5</b>	<b>My registration is not cancelled or currently suspended as a result of disciplinary action in any State.</b>
<b>6</b>	I am not otherwise personally prohibited from carrying on such occupation in any State and am not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any State.
<b>7</b>	I am subject to the following special conditions (if any) in carrying on that occupation in the State or States of:
<b>8</b>	I give my consent to the making of inquiries of, and the exchange of information with, the authorities of any State regarding my activities in the relevant occupation or otherwise regarding matters relevant to this notice.
<b>9</b>	I attach the original or a copy of my original instrument of registration or licence as evidence of my existing registration or licence and certify that the attached document is the original or a complete and accurate copy of the original instrument.  <b>(Note:</b> if you are providing a copy of the original instrument, a Justice of the Peace must certify it as a true copy)

**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.

#### 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

**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.**

<http://www.comlaw.gov.au/comlaw/legislation/legislativeinstrumentcompilation1.nsf/current/bytitle/BAF4F2D92E09F45ACA256F71004C14F1?OpenDocument&mostrecent=1> -



BUSINESS AND INDUSTRY LICENSING

APPLICATION FOR AN EMPLOYMENT AGENT LICENCE

Agents Act 2003  
Agents Regulation 2003



**BIL 096 - PART G**

**CREDIT CARD PAYMENT AUTHORITY**

This part is provided for your convenience for payment of the relevant licence fee when your application has been approved. You will be advised of the actual fee amount to be paid.

Please note that the licence fee is exempt from GST.

**CREDIT CARD PAYMENT AUTHORITY**

MasterCard

Visa Card

Credit Card Number

□□□□ □□□□ □□□□ □□□□

Expiry Date

□□ / □□

CCV (last 3 digits on the back of the card above the signature block)

□□□

**CARD HOLDER'S AUTHORISATON**

I consent to the Office of Regulatory Services debiting the following amount from my credit card to the value of:

\$ □□, □□□□ . 00

Cardholders Signature

Dated

Card Holders Full Name

THE CREDIT CARD AUTHORITY IS PROVIDED FOR YOUR CONVENIENCE. YOU MAY ALSO PAY THE LICENCE FEE BY CHEQUE OR MONEY ORDER, PAYABLE TO "OFFICE OF REGULATORY SERVICES" OR YOU MAY PAY BY CASH OR CREDIT CARD BY ATTENDING IN PERSON AT OUR OFFICE.