



APPLICATION FOR RENEWAL OF AN EMPLOYMENT AGENT LICENCE - CORPORATION

Agents Act 2003
Agents Regulation 2003

PURPOSE

This form is to be used to renew an employment agent licence for a corporation under the *Agents Act 2003* (the Act). You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at www.ors.act.gov.au.

PRIVACY

The *Information Privacy Act 2014* applies in the ACT. The Act authorises the Commissioner for Fair Trading to collect the information required by this form for the purpose of renewing a licence. The JACS Privacy Policy contains information on how you can access or seek to correct any of your personal information that is held by the Directorate, as well as the process for lodging a complaint about an alleged breach of the *Information Privacy Act 2014*. The Privacy Policy can be found on the JACS website at <http://www.justice.act.gov.au/privacy>. The Commissioner may provide additional information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

CONTACT

Office of Regulatory Services Shopfront
255 Canberra Avenue, Fyshwick ACT 2609

Opening Hours 9:00am to 4:30pm Monday to Friday

General Enquiries (02) 6207 0562

Office of Regulatory Services Postal Address
GPO Box 158, Canberra City ACT 2601

Website www.ors.act.gov.au Email ors.bil@act.gov.au

Fax Number (02) 6207 0424

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- The Agents Practice Manual, forms and current fees can be found at www.ors.act.gov.au.
- Complete this form using a black or blue pen only.
- Please identify the term of licence you require by marking the relevant box on renewal form and include the appropriate fee as identified on the website.
- The Licensed Director for the Corporation must also complete the Application for Renewal of an Employment Agent Licence – Individual.
- If any details regarding directors of the company have change (e.g. cessation/addition, change of address/personal contact information), please contact the ORS for further information about proceeding with the renewal.
- Cheques should be made payable to the Office of Regulatory Services.

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.



ACT
Government

Justice and Community Safety

**APPLICATION FOR RENEWAL OF AN EMPLOYMENT AGENT LICENCE -
CORPORATION**

*Agents Act 2003
Agents Regulation 2003*

LICENCE DETAILS		
<input type="checkbox"/> 1 year licence	<input type="checkbox"/> 3 year licence	<input type="checkbox"/> 3 year licence with annual payment
APPLICANT DETAILS		
REGISTERED NAME (Full registered name of Company)		
LICENCE NUMBER		
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	



APPLICATION FOR RENEWAL OF AN EMPLOYMENT AGENT LICENCE - CORPORATION

Agents Act 2003
Agents Regulation 2003

LIST OF CURRENT DIRECTORS For any new directors please complete a 'Personal Particulars Form', a 'Statutory Declaration Form', provide a 'Police Certificate' and company extract no older than 30 days . Each document must be attached. Forms can be found in Application for Agent licence in attached link. http://www.ors.act.gov.au/publication/view/1681	POSITION HELD

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 NUMBER

DAY TO DAY MANAGER All premises must have a licensed day to day manager in charge of the day to day operations of the business. Please add an annexure for extra premises.

Premises Address			
-------------------------	--	--	--

Postal Address			
-----------------------	--	--	--

Registered Business Name			
---------------------------------	--	--	--

Day to Day Manager		Licence number	
---------------------------	--	-----------------------	--

Premises Address			
-------------------------	--	--	--

Postal Address			
-----------------------	--	--	--

Registered Business Name			
---------------------------------	--	--	--

Day to Day Manager		Licence number	
---------------------------	--	-----------------------	--



ACT
Government

Justice and Community Safety

APPLICATION FOR RENEWAL OF AN EMPLOYMENT AGENT LICENCE - CORPORATION

Agents Act 2003
Agents Regulation 2003

STATUTORY DECLARATION
Statutory Declarations Act 1959 (Commonwealth)

THIS STATUTORY DECLARATION MUST BE COMPLETED BY ALL DIRECTORS

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

--

I, the person named above, am a director of the company applying for the renewal of its licence under the **Agents Act 2003** and, in support of the 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	Do you have any conviction(s) for <u>any offence</u> (s) 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	Does the corporation currently have an administrator or controller appointed, or has there been an administrator or controller appointed at any time in the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10	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
11	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
12	Have you contravened, or are you contravening, a provision of the Agents Act 2003, prescribed under the regulations as a disqualifying breach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.** [Statutory Declaration](#)

DISQUALIFYING OFFENCES

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

