



Government of **Western Australia**
Department of **Commerce**
Consumer Protection

Application for a Travel Agents Licence

Please note: This form applies to applications submitted from 1 July 2014.

Please visit www.commerce.wa.gov.au/CP/licensingfees for the fee required to be paid in support of this application.

1. APPLICANT DETAILS

Full Name:

Business name(s) (if applicable)

Every applicant who intends to carry on a business under a business name must have that business name registered under the Business Names Registration Act 2011 with the Australian Securities and Investments Commission. For information please visit www.asic.gov.au.

Registered/residential Address:

Postal address (if different)

Telephone:

Email:

If the applicant is a **natural person** (sole trader) please provide the following:

Date of birth: Place of Birth

If the applicant is a **body corporate** please provide the details specified below:

Australian Company Number

Directors Full Legal Name(s)	Home address

If there is insufficient space, please attach a page giving full details as above

2. TRADING INFORMATION

2.1 PARTNERSHIPS:

If you intend carrying on business as a travel agent in partnership, please provide the name(s) of each partner. **Each partner must hold a licence in their own right**

Department of Commerce
Consumer Protection

Ground Floor
"Forrest Centre"
219 St Georges Terrace
Perth WA 6000

Postal Address:
Locked Bag 14
Cloisters Square WA 6850

Licensing Advice Line
8.30am - 5pm
Monday to Friday
Tel: 1300 30 40 64

Overseas Callers
+61 8 9282 0459

Email
licensingenquiries@commerce.wa.gov.au

Website:
www.commerce.wa.gov.au/CP/licences

A8647097

2.2 PLACE(S) OF BUSINESS AND MANAGEMENT:

At what place(s) do you intend to conduct business as a travel agent?

Principal place of business

Street address: Postcode:
 Telephone:

Manager - Who will be personally present and in charge of the day to day conduct of business at this address?

MR/MRS/MS/MISS

Full name: Date of Birth
 Address:
 Telephone: Email:
 Qualification as Manager (see 2.3 below):

Other place/s at which business will be conducted (branches)

Street address: Postcode:
 Telephone:

Manager - Who will be personally present and in charge of day to day conduct of this branch?

MR/MRS/MS/MISS

Full name: Date of Birth
 Address:
 Telephone: Email:
 Qualification as Manager (see 2.3 below):

Please attach a separate sheet showing these particulars if you intend to operate from more than one additional branch.

2.3 CATEGORY OF LICENCE AND QUALIFICATIONS FOR MANAGER(S):**Category A**

Any business involving the sale of tickets, or the arrangement of rights of passage, for international travel, or international travel and accommodation.

Qualification: For each manager specified at 2.2 above:

Attach evidence showing the successful achievement of the Unit of Competency "Construct normal international airfares" delivered or assessed by a registered training organisation with the national training package code of:

- THTSOP20A; SITTTSL013A; SITTTSL013B or SITTTSL310.

-or-

Provide a statement of service or resume showing at least one year's full-time experience (or equivalent) in the 5 years preceding this application:

- selling tickets, or arranging rights of passage, for international travel, or international travel and accommodation; or
- as a person employed to be in charge of the day to day conduct of a licensed travel agency in another Australian State or Territory selling tickets, or arranging rights of passage, for international travel, or international travel and accommodation.

Category B:

Being any business involving the sale of tickets, or the arrangement of rights of passage, for any travel or travel and accommodation, other than Category A business.

Qualification: Managers are not required to hold a qualification

3. CHARACTER AND FITNESS TO HOLD A LICENCE

Has/is the applicant, any director or any proposed manager:	Yes or No
(a) been convicted of, or found guilty of any offences, including convictions which resulted in a suspended sentence? <i>Include all offences which went to Court, including traffic offences. Do not include spent convictions.</i>	
(b) aware of any legal proceedings pending against the licensee or any partner/director for an offence, including proceedings by way of appeal or review?	
(c) been the subject of any adverse finding by a Government Board, Tribunal or Agency, e.g. the Corruption and Crime Commission?	
(d) had any occupational licence or application refused, cancelled or suspended?	
(e) been disqualified from holding an occupational licence?	
(f) been subject to any disciplinary action by a licensing authority?	
(g) had any investigations or legal proceedings commenced against them or an associated entity, which may/did result in action being taken in relation to an occupational licence currently held?	
(h) been known by any other name?	
(i) in liquidation, under official management or an undischarged bankrupt?	
(j) having affairs administered under any bankruptcy laws?	
(k) been a director of a corporation, which has been subject to any form of insolvency administration?	

If the answer to any of the above items was 'Yes', full details, including the circumstances surrounding the matter, must be provided on a separate attached sheet of paper.

4. AUTHORISATION AND DECLARATION *All natural persons (the applicant, directors and each manager) must sign*

In order to assist with the determination of this application, 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 my 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 application, including but not limited to a national police certificate.

Further, I declare that the information and documents given with or in support of this application, whether or not provided at the time of or subsequent to lodgement, are true and correct. I understand that providing a false or misleading statement in an application is an offence.

Applicant:

Full Name: Full Name:

Signature: Signature:

Date: Date:

Full Name: Full Name:

Signature: Signature:

Date: Date:

Your completed application may **be lodged by email to licensingenquiries@commerce.wa.gov.au** or may be forwarded

by post to:

Department of Commerce, Consumer Protection
C/- Licensing Branch
Locked Bag 14, Cloisters
Square PERTH WA 6850

or delivered in person at:

Department of Commerce
Ground Floor, Forrest Centre
219 St Georges Terrace
PERTH WA

For Credit Card Payment – card holder to complete

Card Type Visa MasterCard (Only Visa and MasterCard are accepted)

Card Number:

Card Holder: Expiry Date: /
Please print

Total Amount Payable: \$ Signature/Authorisation: