



BUSINESS AND INDUSTRY LICENSING

APPLICATION FOR REGISTRATION OF A SALESPERSON

Agents Act 2003
Agents Regulation 2003



BIL 100 - 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. You may also obtain information and relevant forms at www.ors.act.gov.au.

Registration 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:

GPO BOX 158, CANBERRA ACT 2601

Or provide in person at:

255 Canberra Avenue, Fyshwick.

Or call for assistance on:

02 6207 0562

For email assistance, please refer to:

ors.bil@act.gov.au

PLEASE SELECT THE REGISTRATION YOU ARE APPLYING FOR (you may select more than one)

☐

CONDITIONAL REAL ESTATE

☐

REAL ESTATE

☐

STOCK AND STATION

☐

BUSINESS

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 registration and the type of supporting documentation you will need to provide to the Commissioner for Fair Trading)

Part B A Personal Particulars Form for an individual

(Information required includes names, contact details, date of birth, residency status and personal ID).

Part C A Statutory Declaration Form

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

Part D An Additional Details Form

(Details of your employer and prescribed training qualifications)

Part E A Mutual Recognition Statutory Declaration Form

(Must be provided only if you are seeking Mutual Recognition of current interstate registration)

Part F 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

REGISTRATION TYPES

This application applies to the registration of real estate, business and stock and station salespeople in the Australian Capital Territory. Real Estate Salesperson also includes property managers.

QUALIFICATIONS

For an unconditional registration you will be required to provide documentary proof that you have attained competency in the required qualification from a Registered Training Organisation. For a conditional registration you must show evidence of your enrolment in the required course and the details of the licensed agent who will act as your direct supervisor. **Note** – qualifications are **not required** if you have a **current interstate registration** and are seeking **mutual recognition** for the same activities in the ACT.

ADVERTISEMENT

You must publish a notice of intention to apply for registration in the Canberra Times. You must submit the application within 10 business days of the date of the advertisement. Failure to do so may result in you having to lodge a new ad in The Canberra Times. **Note** – an advertisement is **not required** if you have a **current interstate registration** and are seeking **mutual recognition** for the same activities in the ACT.

RECOMMENDED WORDING FOR THE ADVERTISEMENT:

I (insert your name) of (postal address- can be your place of business) give notice that I intend to apply for registration as a (real estate, business, stock and station salesperson) 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.

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. 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 registration** and are seeking **mutual recognition** 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).

REGISTRATION FEES

There is a fee for registration, however if you register as a real estate salesperson, the fee for a stock and station salesperson and business salesperson is included in the real estate agent registration fee. You can ascertain the relevant fees by contacting us or by visiting our website. 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 MUST provide	<input type="checkbox"/>	Personal Particulars Form (Part B) with certified copies of two forms of identification
	<input type="checkbox"/>	Evidence of Citizenship if you were not born in Australia (Naturalisation, passport, certificate or evidence of residential status).
	<input type="checkbox"/>	Police Certificate obtained by you from the Australian Federal Police – use the consent form attached or obtain on from the following link: http://www.afp.gov.au/_data/assets/pdf_file/3683/NE_CR100.pdf Must be an original or certified copy. 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"/>	A copy of your advertisement from a daily Canberra newspaper stating your intention to apply for registration. An advertisement is NOT required if you are applying for mutual recognition of a current interstate licence for the same activities.
	<input type="checkbox"/>	Statutory Declaration (Part C)
	<input type="checkbox"/>	Additional Particulars Form (Part D)
	<input type="checkbox"/>	Evidence of your attainment of competency in the qualifications for registration or
	<input type="checkbox"/>	Evidence of your enrolment in course to obtain the qualification for registration
If you applying for mutual recognition, please also include	<input type="checkbox"/>	Mutual Recognition Statutory Declaration (Part E) – This is only required where you are seeking Mutual Recognition of a current interstate licence for the same activities.
	<input type="checkbox"/>	Evidence of your current interstate registration for the same activities (must be a certified copy of your current interstate registration).



BUSINESS AND INDUSTRY LICENSING

APPLICATION FOR REGISTRATION OF A SALESPERSON

Agents Act 2003
Agents Regulation 2003


BIL 100 - PART B

PERSONAL PARTICULARS FORM

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	Certified Copy Attached?
Primary Identification				<input type="checkbox"/>
Secondary Identification				<input type="checkbox"/>
Evidence of Citizenship				<input type="checkbox"/>

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 COPIES OR ORIGINALS
MUST BE SIGHTED BY THE OFFICE**
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 <i>Current</i> Birth certificate Birth certificate extract Birth certificate (certified copy) Boat licence <i>Current</i> Certificate of Australian Citizenship Credit card <i>Current</i> Credit union passbook <i>Current</i> Defence forces ID <i>Current</i> Driver's licence <i>Current</i> Firearms licence <i>Current</i> Government department ID <i>Current</i>	Health benefits card <i>Current</i> Learner driver's licence/permit <i>Current</i> Marriage certificate Medicare card <i>Current</i> Naturalisation Certificate Passport <i>Current</i> Proof of age card Public utility account <i>Current or recent</i> Rate notice <i>Current of recent</i> Shooter's licence <i>Current</i> Taxation assessment notice <i>Recent</i>
---	--

OFFICE USE ONLY

Entered into IBS by		Date Entered into IBS	
---------------------	--	-----------------------	--



BUSINESS AND INDUSTRY LICENSING

APPLICATION FOR REGISTRATION OF A SALESPERSON

Agents Act 2003
Agents Regulation 2003



BIL 100 - PART C

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 registration 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	Do you have any conviction(s) or finding(s) of guilt 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 functions as a licensee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9	Do you hold a licence 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 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?	<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>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.</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			
<p>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.</p> <p>Link to persons before whom a statutory declaration may be made.</p> <p>http://www.comlaw.gov.au/comlaw/legislation/legislativeinstrumentcompilation1.nsf/current/bytitle/BAF4F2D92E09F45ACA256F71004C14F1?OpenDocument&mostrecent=1</p>			

DISQUALIFYING OFFENCES
For the purposes of all applications for registration under the <i>Agents Act 2003</i> a reference to “ disqualifying offence ” means any offence or offences involving dishonesty.



BUSINESS AND INDUSTRY LICENSING

APPLICATION FOR REGISTRATION OF A SALESPERSON

Agents Act 2003
Agents Regulation 2003



BIL 100 - PART D

ADDITIONAL PARTICULARS FORM

FULL NAME OF LICENSED AGENT WHO WILL EMPLOY YOU IN THE ACT				
				LICENCE NUMBER: 1840 _____
COPY OF ADVERTISEMENT IN THE CANBERRA TIMES				
DATE OF ADVERTISEMENT	____/____/20____	PAGE NO: _____	COPY ATTACHED?	<input type="checkbox"/>

PRESCRIBED QUALIFICATIONS FOR REGISTRATION OF A SALESPERSON			
REGISTRATION TYPE	QUALIFICATIONS REQUIRED FOR REGISTRATION	Tick information provided	ORS use only
Real estate, stock and station or business salesperson	You need to provide evidence of attainment in each of the units listed below from the Property Services Training Package (CPP07): 1 CPPDSM4007A Identify legal and ethical requirements of property management to complete agency work 2 CPPDSM4008A Identify legal and ethical requirements of property sales to complete agency work 3 CPPDSM4009A Interpret legislation to complete agency work 4 CPPDSM4015A Minimise agency and consumer risk 5 CPPDSM4080A Work in the real estate industry	<input type="checkbox"/>	QUAL / MR
	Or evidence of attainment of competency in the units of competency for Property Development and Management Training Package (PRD01)	<input type="checkbox"/>	QUAL / MR

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR CONDITIONAL REGISTRATION

DETAILS OF THE LICENSED AGENT WHO EMPLOYS YOU OR WILL EMPLOY YOU

If you do not possess a statement of attainment or qualification for all the prescribed units of competency, but you are enrolled in a course that will lead to the issue of a statement of attainment or qualification you may be registered provided that you work under the direct supervision of a licensed agent. If your enrolment ceases or if you cease working under the direct supervision of a licensed agent your registration will be invalid.

Full name of licensed agent who will supervise you		Supervisor's Licence Number
		1840 _____
Conditional real estate, business or stock and station salesperson	Name of course you are enrolled in:	
	Name of Registered Training Provider	
Evidence of Enrolment Attached? Please tick if attached		<input type="checkbox"/>

STAGE 1 – RECOMMENDATION☐ *Registration to be Granted*☐ *Registration Not to be Granted*☐ *Conditional Registration to be granted*☐ *Registration Follow Up Required**Comments*

Name of Officer Preparing Recommendation

Signature of Officer

Date

FOLLOW UP ACTION TAKEN☐ *Issues Rectified*☐ *Issues NOT rectified**Comments***STAGE 2 – DECISION OF THE DELEGATE OF THE COMMISSIONER FOR FAIR TRADING**☐ *Registration Granted*☐ *Refused*☐ *Action Required*☐ *Conditional Registration granted**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 REGISTRATION OF A SALESPERSON

Agents Act 2003
Agents Regulation 2003


BIL 100 - PART E

STATUTORY DECLARATION FOR MUTUAL RECOGNITION

Statutory Declaration Act 1959

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

YOU DO NOT REQUIRE A POLICE CERTIFICATE IF 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

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 for an equivalent occupation in accordance with the **mutual recognition principle** and **I make the following declaration under the Statutory Declarations Act 1959:**

1	I am registered (or licensed) as a Eg.: real estate agent, business agent, stock and station agent	in the State or Territory of :
2	I seek to be registered for the above occupation in the Australian Capital Territory in accordance with the mutual recognition principle.	
3	I hold substantive registration for the equivalent occupation in the following States: (Check box or boxes)	
	<input type="checkbox"/> NSW <input type="checkbox"/> VIC <input type="checkbox"/> QLD <input type="checkbox"/> TAS <input type="checkbox"/> WA <input type="checkbox"/> SA <input type="checkbox"/> NT	

4	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.
5	My registration is not cancelled or currently suspended as a result of disciplinary action in any State.
6	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.
7	I am subject to the following special conditions (if any) in carrying on that occupation in the State or States of:
8	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.
9	<p>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.</p> <p>(Note: if you are providing a copy of the original instrument, a Justice of the Peace must certify it as a true copy)</p>
<p>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.</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> -



BUSINESS AND INDUSTRY LICENSING

APPLICATION FOR REGISTRATION OF A SALESPERSON

Agents Act 2003
Agents Regulation 2003



BIL 100 - PART F

CREDIT CARD PAYMENT AUTHORITY

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

Please note that the registration 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 AUTHORISATION

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