Department of **Local Government, Industry Regulation and Safety**

GOVERNMENT OF WESTERN AUSTRALIA

CONSUMER PROTECTION WESTERN AUSTRALIA

New Application

Real Estate and Business Agent's Licence and Triennial Certificate (Firm/Partnership)

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Application Checklist

Your application can only be processed if **ALL** of the relevant information and supporting documentation is provided. Use this checklist to ensure that you complete all parts of your application and have all necessary supporting documents ready to attach. Please check that:

- ☐ all sections of this form are complete;
- ☐ the Australian police check/s for each relevant person is/are ready to attach;
- ☐ the two (2) business references for each relevant person have been completed using the pro forma available on the website, and are ready to attach;
- ☐ payment of the prescribed fee is ready to be made.

Duration of licence

If granted, the Triennial Certificate will be issued for a period of up to three (3) years.

Application fee

Please refer to our website for the current prescribed fees.

The total fee payable includes a triennial certificate/licence fee, an application fee and a contribution to the fidelity guarantee account. It is exempt from GST and subject to change without notice. Part payment cannot be accepted. Cheques should be made payable to the Commissioner for Consumer Protection.

If you are submitting this form online, you will be able to make payment using the Department's secure payment gateway.

If you are submitting this form by post and making payment by credit card, you must also complete the Application Payment Form and attach it to your application.

Lodgement options

You may lodge your completed application **ONLINE** or:

In person
Customer Service
Level 1, Mason Bird Building
303 Sevenoaks Street CANNINGTON
Hours: 8:30am to 4:30pm, Monday to Friday

By post
Licensing Services
Department of Local Government, Industry Regulation and Safety
Locked Bag 14
CLOISTERS SQUARE WA 6850

Enquiries

Licensing Advice Line: 1300 304 064
General Enquiries: 1300 304 054
Overseas Callers: +61 8 6251 2969
Licensing Email: cplicensing@lgirs.wa.gov.au
Website: www.wa.gov.au/organisation/service-delivery/consumer-protection-licensing-and-registration

Office use only		
Total fee	Department code	Chart Description
$	RA	☐ Application fee ☐ FRE Agents Fidelity contribution ☐ New app – Real Estate Agent Partnership

New Application: Real Estate and Business Agent's Licence and Triennial Certificate (Firm)

General Information

In this form, 'the Act' means the *Real Estate and Business Agents Act 1978* and its subsidiary legislation. The term 'the Commissioner' means the Commissioner for Consumer Protection. 'Relevant persons' means each person comprising the partnership and, where a partner is a company, all directors and any other natural persons involved in the management or control of that company. It also includes the person in *bona fide* control of the business.

Details of applicant

Name of firm (include names of each partner)

Business name under which the firm intends to trade (if applicable)

NOTE: A licensee who intends to carry on business under a business name must have registered that business name with ASIC under the *Business Names Registration Act 2011*. For further information or to register a business name, visit www.asic.gov.au.

Person in *bona fide* control: **RA**

Business email address:

Business contact number:
(mobile number preferred)

We use email/SMS for contact purposes and to send courtesy renewal reminders, so it is important that you notify the Commissioner should your electronic contact details change.

Principal Place of Business:

Street address:

Suburb: State: Postcode:

Postal address (if different to above)

Street address:

Suburb: State: Postcode:

NOTE: Prior to commencing to carry on business as an agent you will need to complete and submit the Notification of Commencement to Trade form.

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Members of the firm (partnership)

Provide the details of all individual members of the firm

Full name	Date of birth	Email address	RA number (if applicable)
			RA
			RA
			RA
			RA
			RA

Provide the details of all of relevant persons of any company listed as a member of the firm

Company Name and ACN	Full name of director	Date of birth	Email address

NOTE: Where there are up to three (3) partners, at least one (1) must be a licensed real estate and business agent ("RA"). Where there are four (4) or more partners, at least two (2) partners must be licensed as an RA.

Business references

Each relevant person must provide two (2) business references using the pro forma titled Real Estate and Business Agent Business Reference Template which is available to download from our website under the heading 'Business reference'.

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Character and Fitness of applicant and relevant persons

Each relevant person must provide an Australian police check in their full legal name which is less than three (3) months old. Information about our current police check requirements can be found on our website.

Please answer either 'Yes' or 'No' to the following questions. If the answer to any of the questions is 'Yes', you may be contacted to provide additional information as part of the application process.

Has/is the applicant or any relevant person of the applicant:

1.	been convicted or found guilty of **any** offences, including convictions which resulted in a suspended sentence? *Include all offences which went to Court, including traffic offences. Do not include spent convictions.*	Yes ☐	No ☐
2.	aware of **any** legal proceedings currently pending against you for an offence, including proceedings by way of appeal or review?	Yes ☐	No ☐
3.	been the subject of **any** adverse findings by a Government Board, Tribunal or Agency (e.g. the Corruption and Crime Commission)?	Yes ☐	No ☐
4.	had **any** occupational licence or application refused, cancelled or suspended?	Yes ☐	No ☐
5.	been disqualified from holding **any** occupational licence?	Yes ☐	No ☐
6.	been subject to **any** disciplinary action by a licensing authority?	Yes ☐	No ☐
7.	had **any** investigations or legal proceedings commenced against you or an associated entity which may result in action being taken in relation to an occupational licence currently held?	Yes ☐	No ☐
8.	in liquidation, under official management or an undischarged bankrupt?	Yes ☐	No ☐
9.	having affairs administered under **any** bankruptcy laws?	Yes ☐	No ☐
10.	a director of a corporation, which has been subject to **any** form of insolvency administration?	Yes ☐	No ☐

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Financial information

The Commissioner cannot grant a licence and triennial certificate unless satisfied that the firm/partnership has sufficient material and financial resources available to comply with the requirements of the Act. To assist with this assessment, a credit report for each partner will be obtained as part of the application process. **Each partner** must also answer/complete the following:

Name of Partner 1:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? ☐ YES ☐ NO			
A **confidential** Statement of Assets and Liabilities		Assets	$
		Liabilities	$
		Net Worth	$0

Name of Partner 2:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? ☐ YES ☐ NO			
A **confidential** Statement of Assets and Liabilities		Assets	$
		Liabilities	$
		Net Worth	$0

Name of Partner 3:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? ☐ YES ☐ NO			
A **confidential** Statement of Assets and Liabilities		Assets	$
		Liabilities	$
		Net Worth	$0

Name of Partner 4:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? ☐ YES ☐ NO			
A **confidential** Statement of Assets and Liabilities		Assets	$
		Liabilities	$
		Net Worth	$0

Name of Partner 5:		ABN/ACN:	
Do you believe that you have sufficient financial resources to enable you to carry on business as an agent and to comply with the requirements of the Act? ☐ YES ☐ NO			
A **confidential** Statement of Assets and Liabilities		Assets	$
		Liabilities	$
		Net Worth	$0

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Authorisation and Declaration

This section must be completed by ALL relevant persons

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 my character and repute, and my fitness to be concerned as a partner of, or in the management and control of, an agent's business. This includes but is not limited to records relating to my criminal history or current/previous occupational licences or other relevant information.

I confirm I understand fully the duties and obligations imposed on the firm under the Act, Regulations and associated Code of Conduct. I understand that providing false or misleading information to the Commissioner or Chief Executive Officer is an offence under section 134A of the Act.

Full name of Partner / Person in *bona fide* control	**Signature**	**Date**

Attach additional pages if required