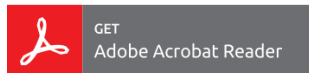


New Application

Debt Collector's Licence (Individual)

USE ADOBE ACROBAT READER WITH THIS FORM



This form is designed to be used with the FREE Adobe Acrobat Reader application.
[Click here to download Acrobat Reader.](#) Alternatively the form can be printed and completed by hand, scanned and submitted (with all attached documents).

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;
- your three (3) business testimonials have been completed using the pro forma available on the website, and are attached;
- your original fidelity bond or approved security for the sum of \$6,000 is attached;
- written notification of your trust account details, and confirmation from your bank, is attached;
- payment of the prescribed fee is ready to be made.

Duration of licence

If granted, your Licence 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 fee 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.

Enquiries

Licensing Advice Line: 1300 304 064
Licensing Email: cplicensing@lgirs.wa.gov.au
Overseas Callers: +61 8 6251 2969

Lodgement options

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

General Enquiries: 1300 304 054
Web Site: www.wa.gov.au/organisation/service-delivery/consumer-protection-licensing-and-registration

Credit card payment details

Card Type Visa Mastercard (only Mastercard and Visa accepted)

Card Number

Cardholder Name Expiry Date

Cardholder Signature: Date Contact Number

I authorise the Department to deduct the current prescribed fee*

Office use only		
Total fee	Department code	Chart Description
\$	DC	Debt Collector's Licence

New Application: Debt Collector's Licence (Individual)

General information

Please note that an individual that holds a current equivalent licence or registration in another Australian State or Territory may alternatively make an application under the *Mutual Recognition Act 1992 (Commonwealth)*. Please refer to our [website](#) for further information.

Details of applicant

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

If you have been known by any other name/s, attach a separate page with full details.

ABN: Date of birth (must be at least 21yrs old): Place of birth (Town/Country):

Mobile number:

Personal email address:

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.

Business name
(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.

Residential address

Street address:

Suburb:

State:

Postcode:

Postal address (if different to above)

Street address:

Suburb:

State:

Postcode:

Principal place of business

Street address:

Suburb:

State:

Postcode:

New Application: Debt Collector's Licence (Individual)

Testimonials

You must provide three (3) testimonials using the pro forma titled [Debt Collector Business Reference Template](#) which is available to download from our website under the heading 'Business reference'. You must also complete the following:

Testimonial	Completed by	Address	Occupation
1			
2			
3			

Receipt of trust monies

A I **do not** intend to receive or hold trust monies and, if such monies are received, I will notify the Commissioner for Consumer Protection, in writing, of the trust account.

B I intend to receive or hold trust monies and therefore provide details of my trust account.

Name of financial institution:

Address of financial institution:

BSB:

Account number:

Attach documentation from the financial institution evidencing the trust account details.

Fidelity Bond or Bank Guarantee

You must **attach your original** fidelity bond or approved security (bank guarantee) for the sum of \$6,000. [Further information](#) can be found on our website under the heading 'Fidelity bond and bank guarantee information'.

Fidelity bond

Expiry date:

Name of institution providing bond:

Address of institution:

Bank guarantee

Name of institution providing guarantee:

Address of institution:

Submission

Applicant's full name:

Signature:

Date: