

# Application for Transfer of a Debt Collector's Licence

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;
- the three (3) business testimonials for the proposed new licence holder/s have been completed using the pro forma available on the website, and are attached;
- the original fidelity bond or approved security for the sum of \$6,000 or \$10,000 is attached;
- written notification of your trust account details, and confirmation from your bank, is attached;
- the original Debt Collector's Licence which is proposing to be transferred is attached;
- payment of the prescribed fee is ready to be made.

## 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](mailto:cplicensing@lgirs.wa.gov.au)  
General Enquiries: 1300 304 054  
Overseas Callers: +61 8 6251 2969  
Website: [www.wa.gov.au/organisation/service-delivery/consumer-protection-licensing-and-registration](http://www.wa.gov.au/organisation/service-delivery/consumer-protection-licensing-and-registration)

## 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

## 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			
Licence number	Total fee	Department code	Chart Description
	\$	DC	Transfer application Debt Collectors Licence

# Transfer Application: Debt Collector's Licence

## Existing licence holder details

---

Licence number:	<input type="text" value="DCL"/>
Name of licence holder: (full name of individual, or company name and ACN for body corporate)	<input type="text"/>
Email address:	<input type="text"/>
Contact number	<input type="text"/>

## Proposed new licence holder details

---

Select and complete A or B only

**A Individual**

Full legal name:	<input type="text"/>
Date of birth:	<input type="text"/>
Place of birth:	<input type="text"/>
Personal email address:	<input type="text"/>
Mobile number:	<input type="text"/>

**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.**

### Residential address

Street address:		
<input type="text"/>		
Suburb:	State:	Postcode:
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Postal address (if different from above)

Street address:		
<input type="text"/>		
Suburb:	State:	Postcode:
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Principal place of business address (if different from above)

Street address:		
<input type="text"/>		
Suburb:	State:	Postcode:
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Transfer Application: Debt Collector's Licence

## Proposed new licence holder details (cont.)

### B Company

Name of company:

ACN:

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 address

Street address:

Suburb:

State:

Postcode:

### Postal address (if different from above)

Street address:

Suburb:

State:

Postcode:

## Business name of proposed new licence holder

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](http://www.asic.gov.au).

## Testimonials

The proposed new licensee (i.e. the new individual or each director of the new company, as the case requires) must be at least 21 years of age and 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'. They must also complete the following:

Testimonial	Completed by	Address	Occupation
1			
2			
3			

# Transfer Application: Debt Collector's Licence

## Company Director information (if applicable)

Full name	Date of birth	Place of birth	Email address

Attach additional pages if necessary

## Receipt of trust monies

**A** The proposed new licensee **does not** intend to receive or hold trust monies and, if such monies are received, they will notify the Commissioner for Consumer Protection, in writing, of the trust account.

**B** The proposed new licensee intends to receive or hold trust monies and therefore provides details of the 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 provide an **original** fidelity bond or approved security (bank guarantee) for the sum of \$6,000 where the proposed new licensee is an individual or \$10,000 where the proposed new licensee is a company. [Further information](#) can be found on our website under the heading 'Fidelity bond and bank guarantee information'.

**A NEW bank guarantee attached**

Name of institution providing guarantee:

Address of institution:

**B NEW fidelity bond attached**

Expiry date:

Name of institution providing bond:

Address of institution:

**C Existing and previously provided bond or approved security still applies**

Where a fidelity bond or approved security (bank guarantee) has already been lodged by the existing licensee, undertaking in writing may be provided by the surety under the bond or security to hold itself liable in respect of the proposed licensee as if the fidelity bond or approved security were lodged in respect of the proposed licensee (provided always that the bond is in the appropriate amount).

# Transfer Application: Debt Collector's Licence

## Submission

---

Name of existing licence holder: (i.e. the individual or a director of the company):

Signature:

Date:

Name of proposed new licence holder: (i.e. the individual or a director of the company):

Signature:

Date: