

Renewal 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 original fidelity bond or approved security for the sum of \$6,000 is attached (if applicable);
- written notification of your trust account details, and confirmation from your bank, 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.

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

Enquiries

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

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

Licence No	Department Code	DC	Chart Description	Renewal
Total Fee	\$	Link to Licence	YES	Chart Key <input checked="" type="checkbox"/>

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General information

Existing licensees may also apply for the transfer of their licence to another person who is qualified to hold the licence. For further information, please contact Licensing Services by email to cplicensing@lgirs.wa.gov.au or phone 1300 304 064.

Licence holder details

Licence number:

Full legal name:

Personal email address:

Mobile number:

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:

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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 provide an **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'.

A NEW bank guarantee attached

Name of institution providing guarantee:

Address of institution:

B Existing and previously provided bank guarantee still applies

C NEW fidelity bond attached

Expiry date:

Name of institution providing bond:

Address of institution:

Submission

Applicant's full name:

Signature: Date: