

Renewal Application

Debt Collector's Licence (Company)

USE ADOBE ADOBE 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 each new director of the company have been completed using the pro forma available on the website, and are attached (if applicable);
- the original fidelity bond or approved security for the sum of \$10,000 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"/> C

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General information

Existing licensees may also apply for the transfer of of their licene 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:	<input type="text" value="DCL"/>
Name of company:	<input type="text"/>
ACN:	<input type="text"/>
Business email address:	<input type="text"/>
Business contact number: (mobile number preferred)	<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.

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.

Principal place of business

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

Postal address (if different to above)

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

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Receipt of trust monies

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

B The company 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 \$10,000. [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:

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Company Director information (if applicable)

If there has been a change in the directorship of the company, **any new director/s** 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'. They must also complete the following:

	Full legal name	Address	Date of birth	Place of birth	Name of referee	Address of referee	Occupation of referee
1							
2							
3							

Attach additional pages if necessary

Submission

Submitted by: Role: Director Company Secretary Manager Other:

Signature: Date: