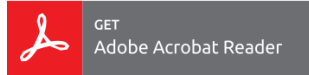


New Application

Motor Vehicle Dealer Licence (Body Corporate or Partnership)

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 Australian police check is ready to attach;
- a copy of the certificate issued to a director/partner upon their successful completion of the Dealer/Yard Manager Course is ready to attach;
- 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 total fee includes a non-refundable application 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.

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 | MD | Chart Description | |
|-----------|----|-----------------|----|-------------------|---|
| | | | | | <input type="checkbox"/> Dealer New Application 1 or first premises (Additional Premises) – Total: <input type="text"/> <input type="checkbox"/> Dealer each subsequent premises |

New Application: Motor Vehicle Dealer Licence (Body Corporate or Partnership)

General Information

In this form, 'the Act' means the *Motor Vehicle Dealers Act 1973* and the 'Commissioner' means the Commissioner for Consumer Protection. The term 'relevant person' means all directors of a body corporate/company or, in the case of a partnership, each individual member of that partnership, as the case requires. Where a partner is body corporate/company, all directors of that body corporate/company are considered relevant persons.

Applicant type

Select one (1) only:

A Body Corporate/Company

Name of body corporate/company:
eg. ABC Pty Ltd

ACN:

B Partnership/Firm

Names of partners:
(individuals and/or company partners)
eg. Fred & Mary Smith

Business details

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.

Business name/s:

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*. If the business name is registered to a trust, you must also provide a copy of the trust deed with your application. For further information or to register a business name, visit www.asic.gov.au.

Postal address

Street address:

Suburb:

State:

Postcode:

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Qualifications

To be eligible for a motor vehicle dealer's licence, at least one director or partner must have sufficient knowledge of the Act. To satisfy this requirement you must provide evidence that at least one director or partner has completed and passed the **Dealer/Yard Manager's Licence Requirements Course**. The list of [course providers](#) is available on our website under the heading 'Qualification requirements'. Alternatively:

- if a director/partner is currently licensed as a motor vehicle yard manager, or has held a yard manager's licence within the last five (5) years, they are required to provide a copy of their licence certificate; or
- if a director/partner was the qualifying director/partner (the person that had knowledge of the Act to enable the dealer's licence to be issued) of a licensed dealership within the last five (5) years, they are required to provide a copy of that licence certificate.

If a director or partner (apart from the qualifying person) has not undertaken the required course, a condition will be imposed restricting that person from engaging in the buying or selling of vehicles without the prior approval of the Commissioner.

Category of licence

Please tick each category for which you are applying:

- Category A:** Buying, selling and auctioning vehicles
-
- Category B:** Buying any vehicles for the purpose of dismantling them and selling off the parts
-
- Category C:** Acting as an agent to facilitate the sale or purchase of any vehicles on behalf of members of the public
-
- Category D:** Hiring out vehicles, buying vehicles for hiring out, and selling and auctioning any vehicles that have been hired out by the dealer
-
- Category E:** Selling (including by auction) vehicles under consignment agreements

What is Consignment Selling?

Selling vehicles on consignment means selling a vehicle (including by auction) for a person who is not a dealer or trade owner. If you select Category E, you will be required to inform the Commissioner of the details of your trust account as well as the name of your registered auditor, and you agree to be audited by Consumer Protection at any reasonable time. The required forms will be sent to you to complete if your licence is issued with Category E. Additional information about [Consignment Trust Accounts](#) as well as auditing and reporting obligations can be found on our website.

Wholesale dealing?

Are you applying for a licence restricted to 'Wholesale Only'? YES NO

'Wholesale dealing' means selling vehicles only to persons or entities that are motor vehicle dealers or motor vehicle trade owners, but may include the acquisition of vehicles from any source. The Commissioner will impose additional conditions on a licence where the business intends to wholesale motor vehicles and operates from a home-office.

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Relevant persons of the Body Corporate or Partnership

Each director and/or individual partner must complete this section.

Person 1

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

Date of birth: ABN: Mobile number:

Personal email address:

Residential address:

Will you be actively involved in the running of the dealership? YES NO

Type of qualification (salesperson/yard manager/dealer): Course provider and date of course:

Current/previous licence number(s) held: Role in business (director, partner):

Person 2

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

Date of birth: ABN: Mobile number:

Personal email address:

Residential address:

Will you be actively involved in the running of the dealership? YES NO

Type of qualification (salesperson/yard manager/dealer): Course provider and date of course:

Current/previous licence number(s) held: Role in business (director, partner):

New Application: Motor Vehicle Dealer Licence (Body Corporate or Partnership)

Relevant persons of the Body Corporate or Partnership (cont.)

Person 3

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

Date of birth:

ABN:

Mobile number:

Personal email address:

Residential address:

Will you be actively involved in the running of the dealership? YES NO

Type of qualification (salesperson/yard manager/dealer):

Course provider and date of course:

Current/previous licence number(s) held:

Role in business (director, partner):

Person 4

Salutation: Mr Mrs Ms Other, please specify

Full legal name:

Date of birth:

ABN:

Mobile number:

Personal email address:

Residential address:

Will you be actively involved in the running of the dealership? YES NO

Type of qualification (salesperson/yard manager/dealer):

Course provider and date of course:

Current/previous licence number(s) held:

Role in business (director, partner):

Please add a sheet of paper with further details if there are more than four (4) directors or partners. Where a partnership includes a body corporate/company, all directors must be included.

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Premises information

If you will be trading in second-hand vehicles, any storage premises must also be included. If you wish to trade from more than three (3) premises, please provide full details on a separate sheet.

Principal Place of Business

Street address:

Suburb:

State:

Postcode:

Name of person in control of operations at these premises:

Licence Number (if applicable):

Additional premises # 1

Street address:

Suburb:

State:

Postcode:

Name of person in control of operations at these premises:

Licence Number (if applicable):

Additional premises # 2

Street address:

Suburb:

State:

Postcode:

Name of person in control of operations at these premises:

Licence Number (if applicable):

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Character and Fitness

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, any director or any partner:

- | | | | |
|--|--|------------------------------|-----------------------------|
| 1. | ever been convicted or found guilty of any offences, including convictions which resulted in a suspended sentence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>Include all offences which went to Court, including traffic offences. Do not include spent convictions.</i> | | | |
| 2. | aware of any legal proceedings currently pending against you for an offence, including proceedings by way of appeal or review? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | been the subject of any adverse findings by a Government Board, Tribunal or Agency (e.g. the Corruption and Crime Commission)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | had any occupational licence or application refused, cancelled or suspended? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | been disqualified from holding any occupational licence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | been subject to any disciplinary action by a licensing authority? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | had any investigations or legal proceedings commenced against you or an associated entity which may/did result in action being taken in relation to an occupational licence currently held? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | been known by any other name | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | in liquidation, under official management or an undischarged bankrupt? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | having affairs administered under any bankruptcy laws? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | a director of a corporation, which has been subject to any form of insolvency administration? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Financial information

The Commissioner cannot grant a licence unless satisfied that the applicant has sufficient material and financial resources available to enable it to comply with the requirements of the category/ies of licence being sought. To assist with this assessment, a credit report will be obtained as part of the application process. You must also answer the following:

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Does the applicant referred to in this application have sufficient resources to enable it to carry on the business to which this application relates? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|----|---|------------------------------|-----------------------------|

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Financial information (cont.)

- Body Corporate/Company applicants**
 Complete this confidential Statement of Assets and Liabilities for the body corporate (do not provide figures for individual directors)

| | |
|--------------------|----|
| Assets | \$ |
| Liabilities | \$ |
| Net Worth | \$ |

- Partnership/Firm applicants**
 Each partner must complete the following

| | | | |
|--|-------------|----------|--|
| Name of Partner 1: | | ABN/ACN: | |
| A confidential Statement of Assets and Liabilities | Assets | \$ | |
| | Liabilities | \$ | |
| | Net Worth | \$ | |

| | | | |
|--|-------------|----------|--|
| Name of Partner 2: | | ABN/ACN: | |
| A confidential Statement of Assets and Liabilities | Assets | \$ | |
| | Liabilities | \$ | |
| | Net Worth | \$ | |

| | | | |
|--|-------------|----------|--|
| Name of Partner 3: | | ABN/ACN: | |
| A confidential Statement of Assets and Liabilities | Assets | \$ | |
| | Liabilities | \$ | |
| | Net Worth | \$ | |

| | | | |
|--|-------------|----------|--|
| Name of Partner 4: | | ABN/ACN: | |
| A confidential Statement of Assets and Liabilities | Assets | \$ | |
| | Liabilities | \$ | |
| | Net Worth | \$ | |

Please add a sheet of paper with further details if there are more than four (4) partners. Where a partnership includes a body corporate/company, provide the financial information for that entity.

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Authorisation and Declaration

All directors and/or individual partners must complete this section

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 fitness and propriety to hold a licence, including but not limited to records relating to my criminal history or current/previous occupational licences and other relevant information.

Further, I declare that the information and documents given with or in support of this application, whether or not provided at the time of subsequent to lodgement, are true and correct. I understand that providing a false or misleading statement in an application is an offence.

| Full name | Signature | Date |
|-----------|-----------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Attach additional pages if required