



## Application for Transfer of a Debt Collector's Licence

Please use a pen and write neatly using **BLOCK LETTERS**.  
 Tick where appropriate  Incomplete applications will be returned.

### Transferor details

I (Mr/Mrs/Ms/Miss) \_\_\_\_\_  
(surname) (other names)

of (place of abode) \_\_\_\_\_  
(full address including State)

\_\_\_\_\_

advise that \_\_\_\_\_  
(company name and ACN if applicable)

being the holder of the current Debt Collector Licence \_\_\_\_\_  
(licence number)

issued on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(day) (month) (year)

and whose principal or sole place of business is situated at:

\_\_\_\_\_ (full address including State)

Phone number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

hereby make an application for the transfer of the licence to:

(Mr/Mrs/Ms/Miss) \_\_\_\_\_  
(surname/company name and ACN) (other names)

The licence is attached to this form for endorsement.

### Transferee details

I (Mr/Mrs/Ms/Miss) \_\_\_\_\_  
(surname) (other names)

of (place of abode) \_\_\_\_\_  
(full address including State)

Phone number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

advise that \_\_\_\_\_  
(company name and ACN if applicable)

hereby make an application that the licence be transferred to me (or the company if applicable).

## Place(s) of business

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My principal or sole place of business where I propose to carry on business as a debt collector is situated at \_\_\_\_\_  
(full address including State)

Postal address (if different from above): \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_

Mobile number: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

The other place(s) at which I (or the company) intend to carry on business as a debt collector are situated at

\_\_\_\_\_  
(full addresses including State & attach additional sheet if necessary)

Phone number: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_

## Testimonials

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Testimonials as to my character (or in the case of a company, testimonials as to the character of **each** director of the company) are annexed hereto marked respectively iAî iBî and iCî and signed respectively by:

	Name	Address	Occupation
A			
B			
C			

## Receipt of trust monies

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Tick one of the following boxes

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.

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

**Details of trust account** (only required for applicants intending to receive trust monies)

Name of financial institution: \_\_\_\_\_

Address of financial institution: \_\_\_\_\_

BSB and account number: \_\_\_\_\_

*Please attach proof of the trust account being open.*

**Details of bond/bank guarantee**

Amount of bond/bank guarantee: \$ \_\_\_\_\_

Expiry date (if applicable): \_\_\_\_\_

Name of institution providing bond/bank guarantee: \_\_\_\_\_

Address of institution: \_\_\_\_\_

*Please include your original bond/bank guarantee with your application. Pro forma bond/bank guarantee documents are available from the Department.*

I tender herewith the prescribed fee of \$ \_\_\_\_\_.

I am not under twenty-one years of age (or in the case of a company, none of the directors of the company are under twenty-one years of age).

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(date) (month) (year)

\_\_\_\_\_  
Name of transferor (please print)

\_\_\_\_\_  
Name of transferee (please print)

\_\_\_\_\_  
Signature of transferor

\_\_\_\_\_  
Signature of transferee

\_\_\_\_\_  
Position in company (if applicable)

\_\_\_\_\_  
Position in company (if applicable)

***As of January 2019 the Department will send courtesy reminders to renew licences via SMS and email only. Please ensure your contact details are kept up to date or you may not receive renewal reminders.***

Cheques should be made payable to the Commissioner for Consumer Protection. If making payment by **credit card** please complete the following information:

Card Type: Visa  Mastercard  (Only Visa and Mastercard accepted)

Card Number:

Card Holder:  Please print

Expiry Date:   /

*I authorise the Department to deduct the current prescribed fee, including any applicable late fee, for an application for the renewal of a land valuers licence.*

Signature / Authorisation:

Date:



## Debt Collectors Licensing Act 1964

# Applications for Transfer of Licence - Requirements

Department of Mines, Industry  
Regulation and Safety  
Level 1, Mason Bird Building  
303 Sevenoaks Street  
CANNINGTON WA 6107

Locked Bag 14  
Cloisters Square WA 6850

Licensing Advice Line Tel:  
1300 304 064  
[cplicensing@dmirs.wa.gov.au](mailto:cplicensing@dmirs.wa.gov.au)

General Enquiries  
1300 304 054

Website  
[www.dmirs.wa.gov.au](http://www.dmirs.wa.gov.au)

1. Transfer fee – see [www.commerce.wa.gov.au/CP/licensingfees](http://www.commerce.wa.gov.au/CP/licensingfees).
2. Application for Transfer of a Debt Collector's Licence.
3. The original licence which is proposed to be transferred.
4. Three (3) **business** testimonials as to the character of the proposed licensee. Where the proposed licensee is a company, three (3) business testimonials are to be provided for **each** director. References from subordinates, relatives, partners or co-directors will not be accepted and at least one reference must be from a person external to your current place of employment.  
  
Referees should provide as much detail as they are able against the criteria of section 9 of the Act.
5. Original fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$6,000 where the proposed licensee is an individual or \$10,000 where the proposed licensee is a company. Alternatively, where a fidelity bond or approved security has already been lodged by the existing licensee, an 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).
6. Written notification of trust account details within 14 days of the account(s) being opened. Please attach to your notification bank documentation detailing the name of the account(s) (ensuring that the title includes the name of licensee), the name and address of the bank where the account is kept and the BSB and account number(s).

Incomplete applications will not be accepted.

Completed transfer applications may be forwarded to the Commissioner for Consumer Protection:

**By post** addressed to:

Licensing Services  
Department of Mines, Industry  
Regulation and Safety  
Locked Bag 14  
CLOISTERS SQUARE WA 6850

**In person (drop off only)** at:

Department of Mines, Industry  
Regulation and Safety  
Level 2, Gordon Stephenson House  
140 William Street  
PERTH

**In person** at:

Licensing Services  
Level 1, Mason Bird Building  
303 Sevenoaks Street  
CANNINGTON

For further detail regarding any of the above information please contact us on 1300 304 064.