New Application - Real Estate and Business Sales Representative Registration (including Property Managers)

If you have previously held a real estate and business Sales Representative Registration in Western Australia you may be eligible to renew that registration.

Do not use this form to remove the property manager condition from your current registration.

APPLICATION CHECKLIST

Prior to submitting your application, please complete this checklist, attaching your supporting documentation in the order set out below. Incomplete applications will not be accepted and will be returned.

- Prescribed fee.
  (Please complete the credit card details below or make cheques payable to the Commissioner for Consumer Protection);

- Evidence of completion of a prescribed qualification.
  (This should be a certificate from a registered training provider which lists the units you have completed)

- An original (or certified copy) Australian police check (not more than three months old)
  Approved police check providers are listed at http://www.commerce.wa.gov.au/cp/policechecks

If you have answered yes to any questions in section 4:

Full details surrounding the circumstances of any matter.

An incomplete or inaccurate application cannot be assessed. If you need help completing this form please contact the Licensing Advice Line on 1300 304 064.

Application Fee

Cheques should be made payable to the Commissioner for Consumer Protection. For payment by credit card, please complete the following:

CREDIT CARD PAYMENT DETAILS

<table>
<thead>
<tr>
<th>Card Type</th>
<th>Visa</th>
<th>Mastercard</th>
<th>(Only Visa and Mastercard accepted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card Holder</td>
<td></td>
<td></td>
<td>Please print</td>
</tr>
<tr>
<td>Expiry Date</td>
<td></td>
<td></td>
<td>I authorise the Department to deduct the current prescribed fee*</td>
</tr>
<tr>
<td>Signature / Authorisation</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Fees are subject to change on 1 July of each year

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Total Fee:</th>
<th>$</th>
<th>Department Code</th>
<th>RR</th>
<th>Chart Description</th>
<th>New App – Sales Rep Sales Rep Fidelity Contribution</th>
</tr>
</thead>
</table>
General Information

In this form “the Act” means the Real Estate and Business Agents Act 1978 and its subsidiary legislation and “the Commissioner” means the Commissioner for Consumer Protection.

Please write in BLOCK LETTERS using pen. Answer every question. Tick ☑ where appropriate. ALL information must be provided to enable the application to be assessed.

This application must also be accompanied by the prescribed fee and those additional items listed in the Application Checklist. The total fee payable includes an application fee and a contribution to the fidelity guarantee fund. Do note only the fidelity fund fee is refundable if this application is withdrawn or not successful. For the current fee please refer to www.commerce.wa.gov.au/CP/licensingfees.

Certified copies of supporting documents required to be provided with this application will be accepted, original documents lodged with a complete application will not be returned. For a list of occupations authorised to witness and certify documents, visit www.commerce.wa.gov.au/CP/authorisedwitness.

1. Applicant Details

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Last Name: ____________________________________________

Given Name(s): _________________________________________

Previous name(s) (if applicable) You must list ALL previous names.

Date of Birth / / Place of Birth ____________________________

Work phone: ____________________________ * Mobile phone: ____________________________

* Preferred Email address: ____________________________

Residential Address: ______________________________________

Postal Address: (If different from above)

__________________________

Address for Purpose of the Register: (This address will be publicly available, see Regulation 7 under the Act)

__________________________

* As of January 2019 the Department will send courtesy reminders to renew licenses via SMS and email only. Your nominated email address will be used for contact purposes and renewal notices, please ensure that the email address provided in this application is correct and that you notify the Department of any future changes or you may not receive renewal reminders.
2. Qualifications

Please attach to this application evidence that you have a prescribed qualification. This should be the certificate from the registered training provider which lists the units you have completed. The list of qualifications currently prescribed is available at [www.commerce.wa.gov.au/consumer-protection/sales-representatives-real-estate](http://www.commerce.wa.gov.au/consumer-protection/sales-representatives-real-estate). You should be aware that you must apply within one year of successfully completing some courses.

Please provide the following information:

Training provider name: 
Date course completed: / / 

If you have undertaken the required training to be a property manager, if your application is granted the registration will be restricted to property management transactions only.

3. Employment Details (if applicable)

The employer must be a licensed real estate and business agent in WA or a registered Property Developer in WA

Employer’s Name: 
Your position: 

4. Fitness to hold a Registration

**National Police Check:** To enable the Commissioner to consider whether an applicant is of good character and repute, and a fit and proper person to hold a registration, please attach to this application an original or duly certified copy (signed by an authorised witness) of an Australian police check, which is no more than three months old. Please note that *State Records Act 2000* requirements mean we cannot return the original document. However, a certified copy can be made available upon request. Please see [www.commerce.wa.gov.au/cp/policechecks](http://www.commerce.wa.gov.au/cp/policechecks) for a list of acceptable Australian police checks.

**Have/are you:**

<table>
<thead>
<tr>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) been convicted, or found guilty of any offences, including convictions which resulted in a suspended sentence? <em>(Include all offences which went to Court, including traffic offences. Do not include spent convictions.)</em></td>
</tr>
<tr>
<td>(b) aware of any legal proceedings currently pending against you for an offence, including proceedings by way of appeal or review?</td>
</tr>
<tr>
<td>(c) been the subject of any adverse finding by a Government Board, Tribunal or Agency, e.g. the Corruption and Crime Commission?</td>
</tr>
<tr>
<td>(d) had any occupational licence or application refused, cancelled or suspended?</td>
</tr>
<tr>
<td>(e) been disqualified from holding any occupational licence?</td>
</tr>
<tr>
<td>(f) been subject to any disciplinary action by a licensing authority?</td>
</tr>
<tr>
<td>(g) had any investigations or legal proceedings commenced against you or an associated entity, which may result in action being taken in relation to an occupational licence currently held?</td>
</tr>
</tbody>
</table>

*If the answer to any of the above items was ‘Yes’, full details must be provided on a separate attached sheet of paper.*

5. Authorisation and Declaration

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 registration, including but not limited to records relating to my criminal history or current/previous occupational licenses or other relevant information.

I confirm I understand fully the duties and obligations imposed on myself under the Act, Regulations, and associated Code of Conduct.

I understand that providing false or misleading information to the Commissioner or Chief Executive Officer is an offence under section 134A of the Act.

Applicant’s full name: 
Signature of Applicant: Date:
You may lodge your completed application:

**By post addressed to:**

**Licensing Services**  
Department of Mines, Industry  
Regulation and Safety  
Locked Bag 100,  
EAST PERTH WA 6892

**In person at:**

**Customer Service**  
Level 1, Mason Bird Building  
303 Sevenoaks Street  
CANNINGTON  
Hours: 8:30am to 4:30pm  
Monday to Friday

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

Department of Mines, Industry  
Regulation and Safety  
Level 2, Gordon Stephenson House  
140 William Street, PERTH  
Hours: 8:30am to 4:30pm  
Monday to Friday

<table>
<thead>
<tr>
<th>Licensing Advice Line</th>
<th>1300 304 064</th>
<th>Email (enquiries only): <a href="mailto:cplicensing@dmirs.wa.gov.au">cplicensing@dmirs.wa.gov.au</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseas Callers</td>
<td>+61 8 6251 2931</td>
<td>Web Site: <a href="http://www.commerce.wa.gov.au/CP/licences">www.commerce.wa.gov.au/CP/licences</a></td>
</tr>
<tr>
<td>General enquiries:</td>
<td>1300 304 054</td>
<td></td>
</tr>
</tbody>
</table>