

Application for a NEW Real Estate and Business Sales Representative Registration (including Property Managers)

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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).

Checklist			
Your application can only be processed if ALL of the relevant info checklist to ensure that you complete all parts of your application Please check that:			
all sections of this form are complete;			
your Australian police check from an approved provider is rea	ady to attach;		
evidence of your successful completion of a prescribed quali	fication is ready to attach; and		
payment of the prescribed fee is ready to be made.			
Duration of licence	Lodgement options		
If granted, your Real Estate and Business Sales Representative Registration will be issued for a period of up to three (3) years.	You may lodge your completed application ONLINE or:		
Application fee	In person Customer Service		
A fee is payable at the time of lodging the application. Please refer to our website at www.commerce.wa.gov.au/CP/licensingfees	Level 1, Mason Bird Building, 303 Sevenoaks Street CANNINGTON Hours: 8:30am to 4:30pm, Monday to Friday		
for the current prescribed fee. The fee is non-refundable, exempt from the GST and subject to change without notice. Part payment cannot be accepted. Cheques should be made	By post Licensing Services		

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 are making payment by credit card, you must also complete the Application Payment Form available at www.commerce.wa.gov. au/publications/licensing-application-payment-form and attach it to your application.

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

Enquiries

Licensing Advice Line: 1300 304 064 Overseas Callers: +61 8 6251 2931 General Enquiries: 1300 304 054 Email: cplicensing@dmirs.wa.gov.au

Web Site: www.commerce.wa.gov.au/CP/licences

Office use only

Total Fee (\$)	Department code	Chart description
	RR	☐ New App - Sales Rep☐ Sales Rep Fidelity Contribution
		Gales Rep Flacinty Contribution

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General information

PLEASE NOTE: if you have previously held a Real Estate and Business Sales Representative Registration in Western Australia, you may be eligible to renew that registration. Contact Licensing Services on 1300 304 064 or email cplicensing@dmirs.wa.gov.au for more information.

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

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.

Applicant details				
Salutation: Mr Mrs Ms Oth	er, please specify:			
Family name:	First name	e:		
Other name(s):	Date of birth:	Place	of birth:	
	/ /			
Have you been known by any other names? Yes	S No			
If you answered 'yes' above, attach a separate page v	vith full details.			Attached
Residential address				
Note: A postal address is required for correspondence from the Depa	rtment.			
Street address:				
Suburb:		State:		Postcode:
Postal address				
Note: A postal address is required for correspondence from the Department of the Dep	artment.			
As above Street address or PO Box:				
Suburb:		State:		Postcode:
Address for purpose of the Register:				
Note:This address will be publicly available. Please provide an addre	ess at which you can be conta	acted for t	the purposes of the Act.	
As above Street address:				
Suburb:		State:		Postcode:
Contact details				
Phone (home): Phone (work):	Phone (mobile):*		Email:*	

We use email and 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.

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Qualifications	
Please attach to this application evidence that you have a prescribed quaregistered training provider which lists the units you have completed. The at www.commerce.wa.gov.au/consumer-protection/sales-representative apply within three years of successfully completing some courses.	e list of qualifications currently prescribed is available
Please provide the following information:	
Training provider name:	Date:
	/ /
If you have undertaken the required training to be issued a restricted registration will be restricted accordingly (i.e. to property management tr	
Employment details (if applicable)	
The employer must be a licensed Real Estate and Business Agent in WA	A or a registered Property Developer in WA
Employer's Name:	
Your Postion:	
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Fitness to hold a licence You must provide an Australian police check in your full legal name that is less than three (3) months old. Further information about accepted police checks is available on our website: www.commerce.wa.gov.au/CP/policechecks. 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. Have/are you: 1. been convicted, or found guilty of any offences, including convictions which resulted in Yes No a suspended sentence? (Include all offences which went to Court, including traffic offences. Do not include spent convictions.) aware of any legal proceedings currently pending against you for an offence, including ☐ No Yes proceedings by way of appeal or review? been the subject of any adverse finding by a Government Board, Tribunal or Agency, e.g. Yes ☐ No the Corruption and Crime Commission? had any occupational licence or application refused, cancelled or suspended? 4. No Yes been disqualified from holding any occupational licence? Yes ☐ No 5. been subject to any disciplinary action by a licensing authority? Yes No 7. had any investigations or legal proceedings commenced against you or an associated ☐ No ☐ Yes entity, which may result in action being taken in relation to an occupational licence currently held? **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. **Declaration** I (FULL NAME OF APPLICANT) Signature: Date: