



Application for a Debt Collector's Licence by an individual

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For an individual

- Licence fee - see www.commerce.wa.gov.au/CP/licensingfees for the current fee.
- Application for a Debt Collector's Licence by an individual.
- Three (3) **business** testimonials as to the character of the applicant. References from relatives, subordinates, 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.
- Original** fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$6,000.
- 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)**.

Please note that an individual that holds a current equivalent licence or registration in another Australian State or Territory may alternatively make an application under the *Mutual Recognition Act 1992 (Commonwealth)*. See www.commerce.wa.gov.au/cp/mutualrecognition for more information.

Credit card payment details

Card type Visa Mastercard (only Mastercard and Visa accepted)

Card Number

Card Holder

Expiry Date /

I authorise the Department to deduct the current prescribed fee*

Cardholder's Signature:

Date:

 / /

Cardholder's contact phone number

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

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

Licensing Advice Line: 1300 304 064

Overseas Callers: +61 8 6251 2931

General enquiries: 1300 304 054

Email enquiries: cplicensing@dmirs.wa.gov.au

Web Site: www.dmirs.wa.gov.au

Office use only

Total Fee	Department code	Chart description
\$	DC	<input type="checkbox"/> Debt Collector's Licences

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Incomplete applications will be returned.

Please contact licensing on 1300 304 064 for further details regarding any of the above information

Applicant details

Salutation: Mr Mrs Ms Other, please specify:

Family name: First name:

Other name(s): Date of birth: / / Place of birth:

I am not under twenty-one years of age

Phone: Phone (fax):

Business/Company Name (if applicable): ABN (if applicable):

Residential address

Street address:

Suburb: State: Postcode:

Place(s) of business

Street address:

Suburb: State: Postcode:

Postal address

As above Street address or PO Box:

Suburb: State: Postcode:

Business number: Mobile number:

Email:

Other place(s)

Street address:

Suburb: State: Postcode:

Phone number: Fax number:

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Testimonials

Testimonials as to my character are annexed hereto marked respectively "A" "B" and "C" and signed respectively by:

A

Name: Address: Occupation:

B

Name: Address: Occupation:

C

Name: Address: Occupation:

Receipt of trust monies

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 for the Department.

Name:

Signature: Date: / /

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.