



**MOTOR VEHICLE SALESPERSON  
 LICENCE RENEWAL APPLICATION**

Department's ABN: 69 410 335 356

Your name: \_\_\_\_\_

Licence number: **MS** \_\_\_\_\_

To enable the renewal application to be assessed prior to your licence expiring, please complete **both pages** of this form and return it **before the expiry date** of your licence. Incomplete applications will not be accepted and will be returned.

Renewal applications received within 28 days after the expiry date will be accepted but will incur a 25% late fee. Applications received more than 28 days after the expiry date cannot be accepted.

**APPLICATION CHECKLIST**

The following **must** accompany this form, to complete your renewal application:

	Attached
1. <b>An original Police check, less than three (3) months old. Approved police check providers are listed at <a href="http://www.commerce.wa.gov.au/cp/policechecks">http://www.commerce.wa.gov.au/cp/policechecks</a></b>  <i>Certified copies of supporting documents will be accepted and original documents will not be returned. A list of occupations that are authorised to witness and certify documents can be found at <a href="http://www.commerce.wa.gov.au/CP/authorisedwitness">www.commerce.wa.gov.au/CP/authorisedwitness</a>.</i>	
2. <b>Renewal fee payable.</b> For the current fee see <a href="http://www.commerce.wa.gov.au/CP/licensingfees">www.commerce.wa.gov.au/CP/licensingfees</a> . Fees are exempt from GST, non-refundable and are subject to change without notice. Part payments cannot be accepted.	

**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.**

Cheques should be made payable to the Commissioner for Consumer Protection.

**CREDIT CARD PAYMENT DETAILS**

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\**

Signature / Authorisation        Date   

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

OFFICE USE ONLY					
Licence No:		Department Code	MS	Chart Description	Renewal
Total Fee	\$	Link to Licence	Yes	Late Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>

## GENERAL INFORMATION

**You are reminded that you must provide written notification of any changes to your employment or contact details within 14 days of the change occurring. Forms for this purpose can be downloaded at [www.commerce.wa.gov.au/CP/forms](http://www.commerce.wa.gov.au/CP/forms).**

Please return this completed renewal application with your payment and National Police Certificate to Licensing Services **before the expiry date** of your licence. **Don't forget to complete the declaration on the third page of the form.**

Lodgement and payment can be made.

<b>By post addressed to:</b>	<b>In person at:</b>	<b>In person (drop off only) at:</b>
<b>Licensing Services</b> Department of Mines, Industry Regulation and Safety Locked Bag 100, EAST PERTH WA 6892	<b>Customer Service</b> Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON Hours: 8:30am to 4:30pm Monday to Friday	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	Web Site	<a href="http://www.dmirs.wa.gov.au">www.dmirs.wa.gov.au</a>
Overseas Callers	+61 8 6251 2931		
General enquiries:	<a href="tel:1300304054">1300 304 054</a>		

Should you require assistance with completing this application form please contact the Licensing Branch by telephone on 1300 30 40 64 (within Australia) or email [cplicensing@dmirs.wa.gov.au](mailto:cplicensing@dmirs.wa.gov.au).

The *Motor Vehicle Dealers Act 1973* requires that the Commissioner must be satisfied that licensees are of 'good character and repute' and 'a fit and proper persons' to hold a licence. To assist the Commissioner in determining these factors, please answer the following questions.

<b>Since your last application, have/are you:</b>	<b>Yes or No</b>
(a) been convicted of, or found guilty of <b>any</b> offences, including convictions which resulted in a suspended sentence? <i>(Include all offences which went to Court, including traffic offences. Do not include spent convictions.)</i>	
(b) aware of <b>any</b> legal proceedings currently pending against you for an offence, including proceedings by way of appeal or review?	
(c) been the subject of <b>any</b> adverse finding by a Government Board, Tribunal or Agency, e.g. the Corruption and Crime Commission?	
(d) had <b>any</b> occupational licence or application refused, cancelled or suspended?	
(e) been disqualified from holding <b>any</b> occupational licence?	
(f) been subject to <b>any</b> disciplinary action by a licensing authority?	
(g) had <b>any</b> 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?	
(h) been known by <b>any</b> other name?	
(i) no longer permitted to work and/or remain in Australia?	
<b>If the answer to any of the above questions was 'Yes', please provide full details on a separate attached sheet of paper.</b>	

**EMPLOYER STATEMENT**

To be valid this statement must be completed by the holder of the dealer’s licence or the licensed yard manager.

Administrative staff and licensed salespersons cannot sign this statement.

As the representative of the employing dealership, by signing this form you are declaring that you employ or intend to employ the applicant as a Motor Vehicle Salesperson and understand that providing false or misleading information in an application is an offence.

**To be completed by employer.**

Employing Dealer Licence #: .....

Name of Dealership.....

.....

Full Name: .....

Position: .....

Signature: .....

Date: .....

**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 licence, including but not limited to records relating to my criminal history or current/previous occupational licences or 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 or subsequent to lodgement, are true and correct. I understand that providing a false or misleading statement in an application is an offence.

**To be completed by the applicant.**

Full Name: .....

Signature: .....

Date: .....

<p><b>Please update my details as per below.</b></p> <p><b>Postal Address:</b> .....</p> <p>.....</p> <p><b>Email:</b> .....</p> <p><b>Mobile No:</b> .....</p>
---

***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.***