



Application for a Debt Collector's Licence by an individual (Form 1)

Department of Commerce
Ground Floor "Forrest Centre"
219 St Georges Terrace
PERTH WA 6000

Locked Bag 14
Cloisters Square WA 6850

Licensing Advice Line
8:30am to 5:00pm
Monday to Friday
Tel: 08 9282 0833
Fax: 08 9282 0559

Country Callers
1300 30 40 54

Web Site
www.commerce.wa.gov.au

Please use a pen and write neatly using **BLOCK LETTERS**.

Tick where appropriate

Applicant details

I (Mr/Mrs/Ms/Miss) _____
(surname) (other names)

of (place of abode) _____
(full address including State)

hereby make an application for the grant of a Debt Collector's Licence.

Phone number: () _____

Fax Number: () _____

Business/Company Name (if applicable): _____

ABN (if applicable): _____

I am not under twenty-one years of age.

Date of birth: _____

Place of birth: _____

Place(s) of business

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: () _____

Fax number: () _____

Email address: _____

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

(full addresses including State — attach additional sheet if necessary)

Phone number: () _____

Fax number: () _____

Testimonials

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

	Name	Address	Occupation
A			
B			
C			

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 of Commerce.

Dated this _____ day of _____ 20____
(date) (month) (year)

NAME: _____
(Please print) Signature



Debt Collectors Licensing Act 1964 Application for Grant of Licence - Requirements

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For an Individual

1. Licence fee of \$515.00 (refunded where application is withdrawn or refused).
2. Form 1 - Application for a Debt Collector's Licence by an Individual (in duplicate).
3. 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.

4. Original fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$6,000.
5. 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).

For a Company

1. Licence fee of \$515.00 (refunded where application is withdrawn or refused).
2. Form 1 - Application for a Debt Collector's Licence by a Company (in duplicate) signed on behalf of the company by its manager, secretary or other governing officer.
3. Three (3) **business** testimonials 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.

4. Certificate of Registration of a Company.
5. Original fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$10,000.
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).

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

Locked Bag 14
CLOISTERS SQUARE WA 6850

or

Ground Floor, 219 St Georges Terrace
PERTH WA 6000

Please note that persons holding a current equivalent licence or registration in another Australian State or Territory may alternatively make application for a licence under the Commonwealth *Mutual Recognition Act 1992*.

For further details regarding any of the above information please contact a licensing officer on (08) 9282 0833.