



*Motor Vehicle Dealers Act (Section 31(1))*

**APPLICATION FOR EXEMPTION BY AUCTIONEER**

**TO: The Commissioner,  
Consumer Protection.**

I .....  
(Full name)

being a .....  
(Sole Trader/Partner/Director/Secretary)

of .....  
(In the case of a body corporate - please state company name)

trading as .....  
(Business name)

from ..... (Postcode) .....  
(Principal place of business)

Business telephone ..... Fax no. ....

Email Address.....

hereby apply to be exempted from compliance with the *Motor Vehicle Dealers Act 1973* under section 31(1) of the Act on the ground that :-

- In the case of an auctioneer, that the selling of vehicles by auction does not comprise a significant part of his business as an auctioneer.
- The applicant agrees that they will not sell vehicles which are owned by trade owners (licensed motor vehicle dealers, finance companies or hire car companies).

Please provide a brief statement reflecting:

- What is the projected annual total value of goods to be sold at auction?
- What is the projected annual total value of motor vehicles sold at auction?
- What is the projected annual total number of vehicles to be sold at auction?

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# AUTHORISATION TO COMMISSIONER

## AUTHORISATION TO THE COMMISSIONER FOR CONSUMER PROTECTION

In order to assist the Commissioner with assessment of this application, I give authorisation to the Commissioner, or person(s) they direct, to make such further enquiries as he or she deems necessary, to obtain:

- (a) verification of my qualifications from the training organisation, within Australia or New Zealand, that has granted the qualification;
- (b) copies of any court transcript or records for proceedings to which I or an associated entity, have been a party;
- (c) copies of any decision in proceedings before any Board to which I, or an associated entity, have been a party;
- (d) copies of any other document or file relating to another occupational licence that I have held or for which I, or an associated entity, have applied; and/or
- (e) any other document or file that may be necessary to assist the Commissioner with assessment of this application.

I further agree to provide any additional information requested by the Commissioner and acknowledge that the Commissioner can use any or all of the information or documentation he or she receives pursuant to this authority for the purpose of assessing my application.

Full Name: .....

Signature: .....

Date: .....

# STATUTORY DECLARATION

## WESTERN AUSTRALIA - OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005 STATUTORY DECLARATION

I, ..... (Full name)

of ..... (Address)

Occupation .....

sincerely declare that the statements and information provided in this application are correct to the best of my knowledge and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

at ..... (place) ..... (date)

in the presence of - ..... (Signature of authorised witness)

Print Name of authorised witness and qualification as such a witness \* .....

**By** ..... (Signature of person making the declaration)

**\*Important** This Declaration must be made before any of the following persons:-

Academic (post-secondary institution), Accountant, Architect, Australian Consular Officer, Australian Diplomatic Officer, Bailiff, Bank Manager, Chartered Secretary, Chemist, Chiropractor, Company Auditor or Liquidator, Court Officer (Judge, Magistrate, Registrar or Clerk), Defence Force Officer (Commissioned, Warrant or NCO with 5 years continuous service), Dentist, Doctor, Engineer, Industrial Organisation Secretary, Insurance Broker, Justice of the Peace, Lawyer, Local Government CEO or Deputy CEO, Local Government Councillor, Loss Adjuster, Marriage Celebrant, Member of Parliament (State or Commonwealth), Minister of Religion, Nurse, Optometrist, Patent Attorney, Physiotherapist, Podiatrist, Police Officer, Post Officer Manager, Psychologist, Public Notary, Public Servant (State or Commonwealth), Real Estate Agent, Settlement Agent, Sheriff or Deputy Sheriff, Surveyor, Teacher, Tribunal Officer, Veterinary Surgeon OR Any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.

## LODGING YOUR APPLICATION & PAYMENT

In order to provide an exemption, the Commissioner must be satisfied that you are of 'good character and repute' and a 'fit and proper person'. Therefore all natural persons party to the application must provide the following.

1. An **original National Police Certificate** no more than 3 months old.  
Applications for the National Police Certificate can be made at participating Western Australia Post Offices on presentation of proof of identity and payment of a fee.
2. A **certified photographic identification** i.e. current passport or drivers licence with a photograph.

The exemption is valid for three years and a National Police Certificate is required with each renewal.

Your application can only be processed if all the relevant information and supporting documentation is provided. At the time of the application, your application should be complete, signed and witnessed.

A fee of **\$125** is payable on application. *(Fee applicable for period 1 July 2011 to 30 June 2012)*

Cheques should be made payable to the Department of Commerce.  
You may lodge your application:

<b>By post</b> addressed to:  The Licensing Officer Consumer Protection Locked Bag 14 Cloisters Square PERTH WA 6850	<b>In person at:</b>  Department of Commerce Consumer Protection Unit 4 / 321 Selby Street (rear) OSBORNE PARK	<b>In person at:</b>  Department of Commerce Consumer Protection Ground Floor 219 St Georges Terrace PERTH
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### CREDIT CARD PAYMENT DETAILS

**Application for Exemption by Auctioneer** *(Motor Vehicle Dealers Act 1973)*

**For Credit Card Payment – applicant to complete**

Card Type    Visa        Mastercard        (Only Visa and Mastercard accepted)

Card Number                        

Card Holder        Please print

Expiry Date      /      Amount    \$

Signature / Authorisation        Date



Department of Commerce  
**Consumer Protection**