

New licence application **Form 11**



Queensland Government

Application to appoint a substitute licensee

Real estate agent, property auctioneer, resident letting agent, motor dealer, chattel auctioneer, field agent

Property Occupations Act 2014 • Motor Dealers and Chattel Auctioneers Act 2014 • Debt Collectors (Field Agents and Collection Agents) Act 2014

This form is effective from 1 July 2017

ABN: 13 846 673 994

<p style="text-align: center;">OFFICE USE ONLY</p> <hr/> <p>Date received</p> <p>.....</p> <hr/> <p>Payment details</p> <p>Lodgement unit</p> <p>.....</p> <p>Application allocation</p> <p>\$</p> <p>CHC fee \$</p> <p>Total allocation \$</p>	<p>Instructions</p> <ul style="list-style-type: none"> • Please complete application in BLOCK letters • Attach extra pages if necessary • References to dates should be in DD/MM/YYYY • Fees quoted in this application may alter at any time by Regulation <p>Criminal history check fee of \$39.00 (inclusive of \$1.13 GST per check)</p> <p>All applicants and their individual business associates are subject to mandatory criminal history checks. This fee is not included in the application fee and must be included with your payment. Processing of your application will not be progressed until this fee is paid.</p> <p>Please note: A criminal history check is not required if one has been completed under relevant legislation in the last six months.</p> <p>Fees</p> <p>Application fee \$81.95 (No GST is payable on the application fee)</p> <p>Incomplete applications</p> <p>Failure to complete this form or provide all the information, fees and documents will result in a delay in finalising your application.</p> <p>Privacy statement—please read</p> <p>The Office of Fair Trading collects information, including personal information, on this form as required by the <i>Property Occupations Act 2014</i>, the <i>Motor Dealers and Chattel Auctioneers Act 2014</i> and the <i>Debt Collectors (Field Agents and Collection Agents) Act 2014</i> to process your application. In accordance with these Acts, some personal information may be passed on to police services in Australia (including federal, states and territories) for criminal history searches. Enquiries may also be made with the Department of Immigration and Border Protection to verify eligibility to work in Australia. Your name and business address will be placed on a register which may be inspected by the public. Additionally, information on this form can be disclosed without your consent where authorised or required by law. Under the <i>Fair Trading Act 1989</i> information may also be shared on a confidential basis with other Australian fair trading agencies.</p> <p>Change of details</p> <p>If at any time your licence details or suitability requirements change, you must notify the Office of Fair Trading in writing within 14 days.</p>
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Part 1—Licensee details

<p>Applicant details</p> <p>Provide details of licensed individual applicant.</p>	<p>Principal licensee <input type="checkbox"/> Employed licensee <input type="checkbox"/></p> <p>Licensee name.....</p> <p>Licence number <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
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Part 2—Period of absence of licensee

<p>Period of absence of applicant</p>	<p>From <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> to <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>For a minimum period of 30 days and a maximum period of six months, or for deceased licensees—until their licence expires, if this occurs before the stated, or maximum period ends.</p>
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Part 3—Reason for absence of applicant

<p>Reason for absence of applicant</p> <p>*Any reason (eg. illness, holiday, deceased licensee) other than resignation or termination of employment.</p>	<p>.....</p> <p>.....</p> <p>.....</p>
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Part 4—Substitute licensee details

<p>Section 1 Applicant details</p> <p>If you have changed your name you must provide evidence of each change. Certified copies not originals of marriage certificates, change of name certificates etc. must be supplied with this form for each name change.</p>	<p>Preferred title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify)</p> <p>Surname</p> <p>Given names</p> <p>Have you been known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Previous names</p> <p>Reason for change</p>
<p>Section 2 Date, place of birth and visa details</p> <p>* Only photocopies of documents certified as being a true copy of the original document by the following people can be accepted: Justice of the Peace; Commissioner for Declarations; barrister/solicitor; or Notary Public.</p>	<p>If you are lodging this application in person, you may provide an original of your birth certificate/extract, passport or driver's licence, which will be copied and certified by the officer accepting your application. If you are lodging this application by mail, please send a photocopy certified as being a true copy*.</p> <p>Date of birth <input type="text"/><input type="text"/>/ <input type="text"/><input type="text"/>/ <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>D D / M M / Y Y Y Y</small></p> <p>Place of birth: Town State <input type="text"/><input type="text"/><input type="text"/></p> <p>Country</p> <p>Driver licence number State of issue</p> <p>Passport number</p> <p>Passport country</p> <p>Passport type: Government <input type="checkbox"/> Private <input type="checkbox"/> UN refugee <input type="checkbox"/></p> <p>Eligibility to work in Australia</p> <p>Are you an Australian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you are not an Australian citizen, supply a certified copy of your international passport.</p>
<p>Section 3 Contact details</p>	<p>Business phone After hours phone.....</p> <p>Fax number..... Mobile</p> <p>Email address.....</p> <p>Preferred contact method: B/H <input type="checkbox"/> A/H <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/></p>
<p>Section 4 Residential address</p> <p>A post office box address is not acceptable.</p>	<p>Home address</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Section 5 Postal address</p> <p>Enter 'as above' if the same as residential address.</p>	<p>Address</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Change of address: If you change your address you are required to notify the chief executive in writing within 14 days. You may be issued with a fine if you do not notify Industry Licensing within the required timeframe.</p>

Part 5—Substitute licensee—licence/certificate details

Licence/certificate details Provide details of any past or current licences or registration certificates with supporting documents (eg. copy of previous licence).	Type	Licence/certificate number	Position held	Period	
				From	To

Part 6—Substitute licensee—previous experience details

Previous experience details Provide details of any relevant past employment with supporting documentation (eg. written details).	Employer's name	Business type	Position held	Period	
				From	To

Part 7—Education, trade and other qualifications

<p>Educational, trade and other qualifications</p> <p>Please provide details of educational, trade or other qualifications that meet the standards required for the type of licence the applicant is being appointed to.</p>	<p>Has the nominated substitute licensee completed the specified courses/modules for the licence they are being appointed to?</p> <p><input type="checkbox"/> No—Go to next question in this Part.</p> <p><input type="checkbox"/> Yes—Provide the name of the course below. Attach a copy of the certificate of completion with this application. After completion go to Part 8.</p> <p>Name of course</p> <p>Has the nominated substitute licensee passed any courses considered relevant and which are comparable to the modules listed for the type of licence they are being appointed to?</p> <p><input type="checkbox"/> No—Provide an attachment detailing the person's work background which you believe sufficiently qualifies them to perform the licensee's activities during the absence.</p> <p><input type="checkbox"/> Yes—Provide the title of the course below. Attach a synopsis of the course and enclose a copy of the certificate of completion with this application.</p> <p>Name of course</p>
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Part 8—Insurance requirements

<p>Answer this question ONLY if it is a condition of the licensee's licence to hold an insurance policy.</p>	<p>Is it a condition of the licensee's licence to hold a prescribed insurance policy?</p> <p><input type="checkbox"/> No—Go to Part 9.</p> <p><input type="checkbox"/> Yes— Answer the question below.</p> <p>Is the proposed substitute licensee covered by the insurance or holds insurance that complies with the requirements of the condition of the licensee's licence?</p> <p><input type="checkbox"/> No—The proposed substitute licensee must be covered by the prescribed insurance policy before the proposed person can be approved as a substitute licensee. The proposed substitute licensee must take out insurance to comply with the requirements of the condition.</p> <p><input type="checkbox"/> Yes—Please provide evidence of the substitute licensee's coverage under the prescribed insurance policy.</p>
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Part 9—Appointment consent

Must be completed by substitute licensee

I (name of substitute licensee)
 hereby consent to my appointment as substitute licensee at (address where substitute licensee will be employed).....
 Suburb State Postcode
 during the absence of (insert name of principal licensee/employed licensee)

 From / / to / /
 In submitting this application, I consent to a national criminal history check being conducted by the Queensland Police Service (QPS) and for QPS and other Australian police services to disclose criminal history information and any impending charges to the Office of Fair Trading. I understand any disclosures will be subject to applicable Commonwealth, state or territory legislation and/or police policy.
 Signature Date / /
D D / M M / Y Y Y Y

Part 10—Suitability checklist

Suitability requirements

* Executive officer of a corporation means any person who is concerned, or takes part, in the management of the corporation (director or company secretary).
 **Relevant Act includes:
 • *Motor Dealers and Chattel Auctioneers Act 2014*,
 • *Property Occupations Act 2014*
 • *Debt Collectors (Field Agents and Collection Agents) Act 2014*
 • *The repealed Property Agents and Motor Dealers Act 2000*
 • *A corresponding law*
 It is an offence to supply incorrect or misleading information.
 Disclosure of previous convictions does not automatically disqualify you from being appointed as a substitute licensee.
 However, failure to disclose convictions may result in your appointment being cancelled and prosecution action being commenced.

If you answer Yes to any of these questions, you need to provide full details in writing.

The following information is supplied to the best of my knowledge.
 Has the substitute licensee mentioned above:
 Been found guilty of an offence (excluding traffic or misdemeanour offences) in Queensland or elsewhere, within the last five years? Yes No
 Been convicted of an offence and/or disqualified from holding a licence or registration certificate under a relevant Act** or the *Agents Financial Administration Act 2014*? Yes No
 Received an adverse order under the *Property Occupations Act 2014*, the *Motor Dealers and Chattel Auctioneers Act 2014* or the repealed *Property Agents and Motor Dealers Act 2000* from QCAT or the District court in the last five years? Yes No
 Been (or are) insolvent under administration (this includes entering into bankruptcy or a personal insolvency agreement under Part X of the *Bankruptcy Act 1966*)? Yes No
 Been an executive officer* of a corporation licensed under a relevant Act** that has been placed into receivership or liquidation? Yes No
 Been named in the register of persons disqualified from managing corporations under the *Corporations Act 2001*? Yes No
 Ever had a licence or registration certificate refused, suspended or cancelled under a relevant Act**? Yes No
 Had an amount paid from the Claim Fund including the Funds established under the repealed *Property Agents and Motor Dealers Act 2000* or the repealed *Auctioneers and Agents Act 1971*, because of an action or omission that gave rise to a claim? Yes No

Relevant control order in relation to a licence, means a control order or registered corresponding control order that restricts the person to whom the order applies from carrying on a business, engaging in an occupation or performing an activity that requires the licence.

Control orders

You are not a suitable person to hold a licence under the *Motor Dealers and Chattel Auctioneers Act 2014* if you are subject to a relevant control order as defined under the *Motor Dealers and Chattel Auctioneers Act 2014*.

Part 11—Licensee declaration

Applicant to sign

In submitting this application, I declare I have the consent of all persons relating to this application being subject to a national criminal history check by the Queensland Police Service (QPS) and for QPS and other Australian police services to disclose criminal history information and any impending charges to the Office of Fair Trading.

I understand any disclosure will be subject to applicable Commonwealth, state or territory legislation and/or police policy. Enquiries may also be made with the Department of Immigration and Border Protection to verify eligibility to work in Australia. In other instances, information on this form can be disclosed without your consent where authorised or required by law.

I declare the answers I have given on this form and attachments are true and correct in every detail.

I have read and agree to the terms stated above.

Applicant signature

Signatory's name

Position held

Date / /
D D / M M / Y Y Y Y

Note: A letter of approval or refusal will be issued once the application is finalised. However, the Industry Licensing unit may contact you for further information. Your application will be considered withdrawn if you fail to respond within 28 days after a written request for further information.

This area has been intentionally left blank.

Lodgement details

Lodgement details	Please lodge the completed application, any supporting documentation and fees to the Office of Fair Trading at the address below, at one of our regional offices, or at a Queensland Government Service Centre.
	By mail: Industry Licensing Unit Office of Fair Trading GPO Box 3111 Brisbane QLD 4001
	Visit www.qld.gov.au/fairtrading or call 13 QGOV (13 74 68) for information and your nearest Fair Trading Office or Queensland Government Service Centre.
Refunds	If this application is withdrawn after processing of the application has commenced, or it is refused, the application fee and fees paid for criminal history checks that have already been conducted are not refundable.

Payer details

This section must be completed if payment has been made by another person on behalf of the applicant.	Name
	Postal address
	Suburb State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Mobile Fax number
	Receipt request Yes <input type="checkbox"/> No <input type="checkbox"/>
	A receipt will not be issued unless specifically requested.

Payment details

Payment details	<input type="checkbox"/> Cash—pay in person <input type="checkbox"/> Credit card <input type="checkbox"/> Money order <input type="checkbox"/> Cheque Do not send cash by mail
	Make money order or cheque payable to the Office of Fair Trading. A receipt will not be issued unless specifically requested.
Credit card payment	
Charge my:	<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA
Credit card number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cardholder's name:
Amount authorised:	\$ Expiry date: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>M M / Y Y Y Y</small>
Cardholder's signature: