



**APPLICATION FOR RENEWAL OF LICENCE
EMPLOYMENT AGENTS ACT 1976**

Application for renewal of your licence may be made by completing this form and returning it with the renewal fee.

RENEWAL FEE

Visit www.commerce.wa.gov.au/CP/licensingfees for the current fee

Please note: Fees are exempt from both GST and withholding tax and are subject to change.

A 25% late penalty will be imposed on renewal applications received after the due date.

Late applications can only be received within three (3) months after the expiry date.

Pursuant to section 22(1) of the *Employment Agents Act 1976*, the Commissioner must be satisfied that the licence holder is a fit and proper person. To facilitate this **you are required to submit** an original or duly certified original copy of an **Australian Police check** which is no more than three months old. Please note that *State Records Act 2000* requirements mean we cannot return the original document. However, a certified copy can be made available upon request.

Please see www.commerce.wa.gov.au/cp/policechecks for a list of accepted Australian police checks and www.commerce.wa.gov.au/cp/authorisedwitness for a list of occupations authorised to certify documents.

Details of applicant

Licence Number	<input type="text" value="EA"/>
Full name of licensee	<input type="text"/>
Company/Business Name	<input type="text"/>
Registered Address	<input type="text"/>
Telephone numbers: Work	<input type="text" value="Area Code ()"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

Declaration

I of
(Full Name) (Residential Address)

..... Tel No:

being the holder of an Employment Agent's Licence on (either):

1. my own behalf

trading as.....

OR

2. on behalf of
(Name of company on whose behalf you are applying)

trading as.....

apply for renewal of the licence.

It is proposed to continue to carry on the business at the following address/s:

Main address

.....
.....

Additional address/s

.....
.....
.....
.....
.....
(Please attach a separate sheet if insufficient space)

Signature of Applicant Dated this day of 20.....

For Credit Card Payment – applicant to complete

Card Type Visa Mastercard Amount \$

Card Number

Card Holder (Please Print)

Expiry Date / Signature/Authorisation