



USE ADOBE ACROBAT READER WITH THIS FORM



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For a company						
Licence fee - see www	v.commerce.wa.gov	.au/CP/licen	<u>ısingfees</u> f	or the currer	nt fee.	
Application for a Debt governing officer.	Collector's Licence	by a Compa	ny signed	on behalf of	the compar	y by its manager, secretary or other
Three (3) business tes accepted and at least Referees should provide	one reference must	be from a p	erson exte	ernal to your	current plac	
Original fidelity bond (guarantee) of \$10,000	•	edule of the F	Regulation	s) or approv	ed security (see pro forma bank
	letailing the name o	of the accour	nt(s) (ensu	ring that the	title include	ed. Please attach to your notification - s the name of licensee), the name and
Incomplete applications value above information. Credit card payment detail	-	. Please con	ntact licens	sing on 1300) 304 064 fo	r further details regarding any of the
		Maataraard			150	
Card type	Visa	Mastercard	(only	Mastercard and	i visa accepted)
Card Number						
Card Holder						
Expiry Date	/					
I authorise the Department to dec	duct the current prescribe	ed fee*				
Cardholder's Signature:			Date:		Cardholde	r's contact phone number
			/	′ /		
			*Fees are	e subject to char	nge on 1 July of	each year
You may lodge your comp	leted application:					
By post addressed to:	In person at:		In person (drop off only) at	.	Licensing Advice Line: 1300 304 064
Licensing Services Department of Mines, Industry Regulation and Safety Locked Bag 100, EAST PERTH WA 6892 Customer Service Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON Hours: 8:30am to 4:30pm Monday to Friday		et	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		•	Overseas Callers: +61 8 6251 2931 General enquiries: 1300 304 054 Email enquiries: cplicensing@dmirs.wa.gov.au Web Site: www.dmirs.wa.gov.au
Office use only						
Total Fee		Department	code	Chart desc	ription	
\$ DC Debt Collector's Lic			ences			

Incomplete ap	plications will be returned.			
Applicant deta	nils			
Salutation:	☐ Mr ☐ Mrs ☐ Ms ☐ C	Other, please specify:		
Family name:		First name:		
Other name(s)	:	Phone:	Phone (mobile	e):
Residential ad Street address				
Suburb:		State:		Postcode:
Company Nam	ne:	ACN (if a	pplicable):	
Trading Name	(if applicable):			
Place(s) of bus	siness			
Street address	i:			
Suburb:		State:		Postcode:
Postal address	s			
As above	Street address or PO Box:			
	Suburb:	St	ate:	Postcode:
D	L	NA - bila mumah		
Business num	Der:	Mobile numbe	er: 	
Email:				
Other place(s)				
Street address	Σ 			
Suburb:		State:		Postcode:
Subuib.		State.		i osicode.
Phone number	r:	Fax numb	per:	J L

Receipt of trust monies	
Tick one of the following boxes	
I do not intend to receive or hold tr Protection, in writing, of the trust a	ust monies and if such monies are received I will notify the Commissioner for Consumer account.
☐ I intend to receive or hold trust mo	nies and therefore provide details of my trust account.
Details of trust account (only required for ap	plicants 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.

None of the directors of the company are under twenty-one years of age.

Testimonials as to the character of each director of the company are annexed hereto marked respectively "1A", "1B", "1C", "2A", "2B", "2C" etc and signed respectively by:

Director(s)	Address	Date of Birth	Place of Birth	Name of Referees	Address of Referees	Occupation of Referees
(1)				(A)		
		/ /				
				(B)		
				(0)		
				(C)		
(2)				(A)		
		/ /				
				(B)		
				(C)		
(3)		/ /		(A)		
				(B)		
				(C)		
(attach additional annexures if	needed)		•	•	<u>.</u>	
Name:						
		Manager _	Company Secret	ary Other, please spec	ify:	
Signature:		Date:			sy reminders to renew licences via SMS and e	mail only.
			Piease ensure you	ii contact details are kept up to dati	e or you may not receive renewal reminders.	

Application for a Debt Collector's Lience by a Company