



Application for Transfer of a Debt Collector's Licence

CHECK LIST

1. Transfer fee – see www.commerce.wa.gov.au/CP/licensingfees.
2. Application for Transfer of a Debt Collector's Licence.
3. The original licence which is proposed to be transferred.
4. Three (3) **business** testimonials as to the character of the proposed licensee. Where the proposed licensee is a company, three (3) business testimonials are to be provided 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.

5. Original fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$6,000 where the proposed licensee is an individual or \$10,000 where the proposed licensee is a company. Alternatively, where a fidelity bond or approved security has already been lodged by the existing licensee, an undertaking in writing may be provided by the surety under the bond or security to hold itself liable in respect of the proposed licensee as if the fidelity bond or approved security were lodged in respect of the proposed licensee (provided always that the bond is in the appropriate amount).
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).

An incomplete or inaccurate application cannot be assessed. If you need help completing this form please contact the Licensing Advice Line on 1300 304 064.

CREDIT CARD PAYMENT DETAILS

Card Type Visa Mastercard (Only Visa and Mastercard accepted)

Card Number

Card Holder Please print

Expiry Date / *I authorise the Department to deduct the current prescribed fee**

Signature / Authorisation Date

*Fees are subject to change on 1 July of each year

OFFICE USE ONLY					
Licence No:		Department Code	DC	Chart Description	Transfer Application Debt Collector's Licences
Total Fee	\$				

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

Tick where appropriate Incomplete applications will be returned.

Transferor details

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

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

advise that _____
(company name and ACN if applicable)

being the holder of the current Debt Collector Licence _____
(licence number)

issued on the _____ day of _____ 20____
(day) (month) (year)

and whose principal or sole place of business is situated at:

(full address including State)

Phone number: () _____

Fax Number: () _____

hereby make an application for the transfer of the licence to:

(Mr/Mrs/Ms/Miss) _____
(surname/company name and ACN) (other names)

The licence is attached to this form for endorsement.

Transferee details

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

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

Phone number: () _____

Fax Number: () _____

advise that _____
(company name and ACN if applicable)

hereby make an application that the licence be transferred to me (or the company if applicable).

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: () _____

Mobile number: () _____

Email address: _____

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

(full addresses including State \hat{O} attach additional sheet if necessary)

Phone number: () _____ Mobile: _____

Fax number: () _____

Testimonials

Testimonials as to my character (or in the case of a company, testimonials as to the character of **each** director of the company) are annexed hereto marked respectively \hat{A} \hat{B} and \hat{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 from the Department.

I tender herewith the prescribed fee of \$ _____.

I am not under twenty-one years of age (or in the case of a company, none of the directors of the company are under twenty-one years of age).

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

Name of transferor (please print)

Name of transferee (please print)

Signature of transferor

Signature of transferee

Position in company (if applicable)

Position in company (if applicable)

For further detail regarding any of the above information please contact us on 1300 304 064.

As of January 2019 the Department will send courtesy reminders to renew licences via SMS and email only. Please ensure your contact details are kept up to date or you may not receive renewal reminders.

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

By post addressed to:

Licensing Services

Department of Mines, Industry
Regulation and Safety
Locked Bag 100,
EAST PERTH WA 6892

In person at:

Customer Service

Level 1, Mason Bird Building
303 Sevenoaks Street
CANNINGTON
Hours: 8:30am to 4:30pm
Monday to Friday

In person (drop off only) at:

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

Licensing Advice Line
Overseas Callers
General enquiries:

1300 304 064
+61 8 6251 2931
[1300 304 054](tel:1300304054)

Email enquiries: cplicensing@dmirs.wa.gov.au
Web Site www.dmirs.wa.gov