



Application for Renewal for Debt Collector's Licence by an Individual

1. Renewal fee - see www.commerce.wa.gov.au/CP/licensingfees.
2. Application for Renewal of a Debt Collector's Licence by an Individual.
3. Original fidelity bond (as per Second Schedule of the Regulations) or approved security (see pro forma bank guarantee) of \$6,000.
4. Bank documentation which evidences the name of the trust account(s), the name and address of the bank where the account is kept and the BSB and account number(s).

Note: Incomplete applications will not be accepted and will be returned.

Existing licensees may also apply for the transfer of their licence to another person who is qualified to hold the licence.

For further information please contact Consumer Protection Licensing advice line 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

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	Renewal
Total Fee	\$	Link to Licence	Yes		

Please use a pen and write neatly using BLOCK LETTERS. Tick where appropriate. Incomplete application will be returned.

Applicant details

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

of (place of abode) _____

hereby make an application for the renewal of a Debt Collector's Licence.

My current licence number _____ will expire on the _____ day of _____ 20_____
(date) (month) (year)

Business/Company Name (if applicable): _____

ABN (if applicable): _____

Phone number: () _____

Mobile Number: _____

I am not under twenty-one years of age.

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: () _____

Fax number: () _____

Email address: _____

The other place(s) at which I intend to carry on business as a debt collector are situated at _____
(full addresses including State — attach additional sheet if necessary)

Phone number: () _____

Fax number: () _____

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 on the Department website.

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

NAME: _____
(Please print) Signature

Completed renewal 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 1300 304 064
Overseas Callers +61 8 6251 2931
General enquiries: 1300 304 054

Email: cplicensing@dmirs.wa.gov.au
Web Site: www.commerce.wa.gov.au/CP/licences