

Application by Property Agent in effective control for a  
Property Representative to manage Form 2019-2020



**Applicant Details (Real Estate Agent/Property Manager in nominal control)**

Surname:	Title:	
Given Name:	Other Name(s):	
Address:		
Suburb:	State:	Postcode:
Telephone:	Mobile:	
Fax Number:		
Email:		

**Property Agent Conducting Business (Company)**

Name of Property Agent:		
Business Name:		
Address:		
Suburb:	State:	Postcode:

**Request, time, reason, experience**

I apply to the Property Agents Board to permit the Property Representative named below to manage the authorised place of business as identified.

The period required for approval is from \_\_\_\_\_ to \_\_\_\_\_

I advise the reason why the authorised place of business cannot be managed by me is:

The level of experience the Property Representative has to manage the authorised place of business is as follows:

Applicant's Signature	Date
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**Property Representative Details**

Surname:	Title:	
Given Name:	Other Name(s):	
Address:		
Suburb:	State:	Postcode:
Telephone:	Mobile:	
Email:		

If approved by the Board, I accept I will be in effective and nominated control of the above business for the time specified.

I accept the duties and obligations imposed on me under the *Property Agents and Land Transactions Act 2016*, *Property Agent and Land Transactions Regulations 2017* and Code of Conduct.

Signature	Date
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