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| --- |
| **Applicant Details (Real Estate Agent/Property Manager in nominated control)** |
| Surname:  | Title:  |
| Given Name:  | Other Name(s):  |
| Address: |
| Suburb:  | State:  | Postcode:  |
| Telephone:  | Mobile:  |
| Fax Number:  |
| Email:  |
| **Property Agent Conducting Business** |
| Name on Licence: |
| Business Name on Licence: |
| Address:  |
| Suburb:  | State:  | Postcode:  |
| **Request Details** |
| 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 |
| **Property Representative Details** |
| Surname:  | Title:  |
| Given Name:  | Other Name(s):  |
| Address: |
| Suburb:  | State:  | Suburb:  |
| Telephone:  | Mobile:  |
| Fax Number:  |
| 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. |
| Applicant’s Signature | Date |

**Form terminology**

***Name on Licence*** *means the name of the property agent conducting business, eg ABC Pty Ltd as shown on the licence.*

***Business Name*** *means the name under which the business is advertised, eg ABC Real Estate.*