



USE ADOBE ACROBAT READER WITH THIS FORM



This form is designed to be used with the **FREE Adobe Acrobat Reader** application. [Click here to download Acrobat Reader](#). Alternatively the form can be printed and completed by hand, scanned and submitted (with all attached documents).

Please refer to our website for the [current prescribed fees](#).

Where a licence/certificate/registration has been **stolen**, no fee is payable on provision of a police report number.

Licensing Advice Line: 1300 304 064
Licensing Email: cplicensing@lgirs.wa.gov.au
General Enquiries: 1300 304 054
Overseas Callers: +61 8 6251 2969

In person

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

By post

Licensing Services
Department of Local Government, Industry
Regulation and Safety
Locked Bag 14
CLOISTERS SQUARE WA 6850

This request must be made by the licence holder or an authorised contact (i.e. director, partner) of the licensed entity

Licensee Name	
Licence/Certificate Number (use the Online Licence Search if unsure of the number)	
Licensee email address	
Licensee mobile number	
Licensee postal address	
Reason for request	☐ Lost ☐ Destroyed ☐ Other _____ ☐ Stolen – Police report no. _____
Signature of licence holder or authorised contact	

THIS FORM MUST NOT BE EMAILED

Credit card payment details

Card Type	☐ Visa	☐ Mastercard	(only Mastercard and Visa accepted)																
Card Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																		
Cardholder Name			Expiry Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																
Cardholder Signature:			Date Contact Number																

I authorise the Department to deduct the current prescribed fee*