



# Application for replacement Licence, Registration or Accreditation document

Work Health and Safety Act 2020  
Work Health and Safety (General) Regulations 2022

## CREDIT CARD PAYMENT DETAILS

(Payment will appear as "WA Gov – DMIRS" on your bank statement)

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

Cardholder's contact phone number:

*\*Fees are reviewed annually and are subject to change without notice. Current application fees can be found on our website.*

### You may lodge your completed application:

**By Post:**  
Licensing Services  
Department of Mines, Industry Regulation  
and Safety  
Locked Bag 100  
EAST PERTH WA 6892

**In Person:**  
Department of Mines, Industry Regulation and  
Safety  
Level 1, Mason Bird Building  
303 Sevenoaks Street, Cannington  
Opening hours: 8.30am - 4.30pm, Monday to  
Friday  
Enquiries: 1300 424 091

OFFICE USE ONLY			
Licence/Accreditation /Registration number			
Entered		Chart Description	<input type="checkbox"/> High Risk Work – Replacement Licence
Audited		Department Code	
Total Fee	\$		



## 1. Holder details

Licence, Registration or Accreditation number					
Type of Licence, Registration or Accreditation					
<b>Replacing a document held by a Company (Body Corporate) - one registered Director of the Company must complete this form</b>					
Registered Company name					
Registered Director name					
ACN – Australian Company Number					
Trading Name (if applicable)					
Company address		Street address			
		Suburb		Postcode	
Postal address (if different to business address)		Postal address			
		Suburb		Postcode	
Mobile phone no.		Phone no. (day)			
Email					
<b>Replacing a document held by an Individual</b>					
Family name					
Given name/s					
Date of birth		Place of birth			
Residential Address		Street address			
		Suburb		Postcode	
Postal address (if different to residential address)		Postal address			
		Suburb		Postcode	
Mobile phone no.		Phone no. (day)			
Email					



## 2. Circumstances

You must provide a description of the circumstances in which the document was lost, stolen or damaged.

Lost

Stolen

Damaged

## 3. Declaration

Section 268 of the **Work Health and Safety Act 2020** provides for penalties of up to \$12 500 for a person who gives information that the person knows to be false or misleading in a material particular or omits any matter or thing without which the information is misleading; or who provides a document that the person knows to be false or misleading in a material particular. By signing this application form you declare that the information you have provided in support of your application is true and correct.

### Individual

Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Director of the Company *\*one registered Director of the company must sign this declaration*

Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_