

## Replacement Licence or Permit (Electrical) for Individuals

Suitable for an individual seeking replacement of:

**Electrical Workers Licence Electrical Workers Permit Electrical Workers Certificate of Registration (Licence Card) Electrical Contractor's Licence or certificate of Registration** In-House Installing Work Licence or Certificate of Registration

Form R071A

Application checklist	attach all nec	essary supporting lable replacement fee er and contact details	documents.	complete all par	rts of the application and		
Credit card details remain confidential at all times	Payment Details       (Payment will appear as "WA Gov − DMIRS" on your bank statement)         □ Cheque enclosed (made payable to Department of Mines, Industry Regulation and Safety)         □ Credit Card payment       □ MasterCard       □ Visa						
	Card Number / / Expiry Date (please print)  Cardholder's Name: (please print)  I authorise the Department to deduct the current prescribed fee, including any applicable late fee. Fees are subject to change on 1 July each year.  Cardholder's Signature: Date :						
OFFICE USE ONLY							
Licence No:		Department Code	EL	Chart Description	EL or ET  Lost/Stolen replacement  EC or IH  Replacement Fee		
Total Due	\$	Link Licence to payment	Yes				

## You may lodge your completed application:

By post addressed to: In person: Telephone: (08) 6251 2000 **Licensing Services Customer Service** Department of Mines, Level 1, Mason Bird Building Email (Do Not Email Form) Industry Regulation and 303 Sevenoaks Street electricallicensing@dmirs.wa.gov.au Safety CANNINGTON

> Internet: www.dmirs.wa.gov.au/building-and-energy

**Enquiries Only** 

Locked Bag 100, Hours: 8:30am to 4:30pm EAST PERTH WA 6892 Monday to Friday

Please ensure you have provided all required information and supporting documentation as per the application checklist. Failure to submit a complete application may result in the cancellation of your application and loss of the application fee.							
	Please print neatly in BLOCK LETTERS with a black or blue pen only						
Licence Holder details	Title:         Mr         Mrs         Ms         Other           Licence holder name:						
Residential* address / Principal place of business* address	*Required for publication on the Register. Cannot be a PO Box.  Street: State: Postcode:						
Postal address*	As above *Address for correspondence from the Department.  Street: State: Postcode:						
Contact details	Home Phone: Work Phone:  Mobile Phone*:  Email*:  *Required to receive courtesy renewal reminder notifications via SMS and email and other important notifications relevant to your licence/permit						
Licence / Permit	Details of Loss         ☐ Electrical Worker's Licence (A4)       ☐ Electrical Worker's Certificate of Registration (Licence Card)         ☐ Electrical Worker's Permit       ☐ Electrical Contractors Licence       ☐ Electrical Contractors Certificate of Registration         ☐ In-House Installing Work Licence       ☐ In-House Installing Work Certificate of Registration						

This section has been left blank intentionally. Application continued overleaf.

## Declaration Sign and date before

Regulation 59 of the Electricity (Licensing) Regulations 1991 makes it an offence for a person to:

- falsify any matter pertaining to an application;
- provide any document or other evidence relating to qualifications or experience that is forged, false or

Submitting		naudion,					
application	•	provide any document in support of an application that is wrongfully represapplicant; or	sented as pertaining to the				
	•	give a false testimonial in connection with this application.					
	By signing this declaration, you give consent to the Electrical Licensing Board, duly authorised officers of the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries and to receive and disclose any information for the purpose of determining this application.						
	Declara	Declaration					
	ı						
	_	Name of individual licence/permit holder					
	authorise the Electrical Licensing Board, the Department of Mines, Industry Regulation and Safety or persons acting on behalf of the Board or the Department to make enquiries considered necessary to assess this application. I agree that the Board can use any or all information received pursuant to this authority for the purposes of the assessment or audit of this application; and						
	2 :	sincerely declare that this application is true and correct.					
	Signatu	ure	Date				