Government of **Western Australia**
Department of **Mines, Industry Regulation and Safety**
Consumer Protection

For office use only
Receipt details

REQUEST FOR A DUPLICATE LICENCE/CERTIFICATE

Requestor Details
must be the holder or an authorised contact (i.e. director, partner) of the entity.

Name	
Postal Address	
Email Address	
Telephone Number	

A duplicate licensing document is being requested for the following licence/registration/certificate

Please provide full details of the authorisation you are requesting a copy of	Type of authorisation _____ Please visit www.commerce.wa.gov.au/CP/licences for the list of occupations administered by the Commissioner for Consumer Protection.
	Authorisation number _____ If you do not know the number check online at www.commerce.wa.gov.au/CP/licencesearch.
	Reason for request (select only one) Lost ☐ Destroyed ☐ Stolen ☐ Other _____
Fees may apply	Please visit www.commerce.wa.gov.au/CP/licensingfees and go to the relevant industry section for the current fee. Where a certificate has been **stolen** no fee is payable on provision of a police report number. If applicable, please provide _____. Cheques should be made payable to the Commissioner for Consumer Protection, otherwise complete the credit card details section below.

Requestor's Signature: _____

If you require assistance completing this form please call 1300 304 064 during normal office hours.

Your request should be lodged by email at cplicensing@dmirs.wa.gov.au or;

By post addressed to:	**In person** at:	**In person** at:
Department of Mines, Industry Regulation and Safety Consumer Protection Licensing Locked Bag 14 Cloisters Square WA 6850	Department of Mines, Industry Regulation and Safety Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON	Department of Mines, Industry Regulation and Safety Level 2, Gordon Stephenson House 140 William Street PERTH

CREDIT CARD PAYMENT DETAILS – Duplicate licensing document

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 _____