



GET  
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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](mailto: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**

<b>Licensee Name</b>	
<b>Licence/Certificate Number</b> (use the <a href="#">Online Licence Search</a> if unsure of the number)	
<b>Licensee email address</b>	
<b>Licensee mobile number</b>	
<b>Licensee postal address</b>	
<b>Reason for request</b>	<input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Other _____ <input type="checkbox"/> Stolen – Police report no. _____
<b>Signature of licence holder or authorised contact</b>	

**THIS FORM MUST NOT BE EMAILED**

Card Type ☐ Visa ☐ Mastercard (only Mastercard and Visa accepted)

Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder Name	<input type="text"/>										Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder Signature:	<input type="text"/>										Date	<input type="text"/>	Contact Number	<input type="text"/>	

I authorise the Department to deduct the current prescribed fee\*