Department of **Local Government, Industry Regulation and Safety**

GOVERNMENT OF WESTERN AUSTRALIA

Motor Vehicles
Notice of Change of Employment

This form is to be used to notify the Commissioner for Consumer Protection, pursuant to Regulation 7B of the Motor Vehicle Dealers (Licensing) Regulations 1974, of a change in any employment information relating to a licensed Motor Vehicle Yard Manager or Salesperson.

Licensee Name: _____

Licence Number: MY/MS _____

Licence holder information		
Residential Address		
Postal Address		
Mobile Phone		
Email		
Employment information		
Previous employer	MD number	
	Dealership name	
	Dealership address	
	Date ceased	
New employer	MD number	
	Dealership name	
	Dealership address	
	Date commenced	
Licensee signature		

This form can be completed and returned by email: cplicensing@lgirs.wa.gov.au