



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 | |
| New employer | MD number | |
| | Dealership name | |
| | Dealership address | |

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