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

GOVERNMENT OF WESTERN AUSTRALIA

CONSUMER PROTECTION WESTERN AUSTRALIA

Application to change Authorised Premises

Motor Vehicle Dealers Act 1973
Motor Vehicle Repairers Act 2003

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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).

Application fee

If this application applies to both a Motor Vehicle Dealer and Repair Business licence, you must pay the relevant fees relating to each licence. **Separate applications are not required**.

Please refer to our website for the current prescribed fees.

The fee is non-refundable, exempt from GST and subject to change without notice. Part payment cannot be accepted. Cheques should be made payable to the Commissioner for Consumer Protection.

No fee applies for removing (ceasing) premises; however, all premises that the licensee operates from must be approved under the relevant legislation. The licence/s must at all times continue to have at least one premises.

Lodgement options

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

Enquiries

Licensing Advice Line: 1300 304 064
Licensing Email: cplicensing@lgirs.wa.gov.au
General Enquiries: 1300 304 054
Overseas Callers: +61 8 6251 2969
Web Site:www.wa.gov.au/organisation/service-delivery/consumer-protection-licensing-and-registration

Credit card payment details

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

Card Number

Cardholder Name Expiry Date

Cardholder Signature: Date Contact Number

I authorise the Department to deduct the current prescribed fee*

OFFICE USE ONLY					
Total Fee	$	Department Code	☐ MD ☐ MRB	Chart Description	☐ Dealer Modification each premise ☐ Dealer modification alteration of premises ☐ Change or add a fixed premise ☐ Change of mobile premise
Licence No		Link Licence	Yes		

Application to change Authorised Premises: MD and MRB

Licence holder details

Licence number/s:	**MD**	and/or	**MRB**
Name of licensee: (i.e. ABC Pty Ltd / John Smith)			
Business email address:			
Business contact number:			
Postal address for future correspondence:			

MOTOR VEHICLE REPAIRER BUSINESS ONLY: Mobile premises information

If you intend to change mobile premises, you must submit the following information for each vehicle (including trucks, vans, cars, trailers, campervans or caravans) involved in the business of repairing motor vehicles:

Details of NEW mobile premises – fee applies per vehicle

Make of vehicle	Model of vehicle	Vehicle colour	Year	Registration number	Start date

Details of mobile premises to be CEASED – no fee applies

Make of vehicle	Model of vehicle	Vehicle colour	Year	Registration number	Start date

Attach additional pages if required

Application to change Authorised Premises: MD and MRB

ALL LICENSEES (MD & MRB): Fixed premises information

If you intend to change your fixed premises (i.e. the location where the selling and/or repairing of vehicles occurs), you must submit the following information:

Details of NEW fixed premises – fee applies per premises

Address (including suburb and postcode)		
Intended date of commencement		
Is this address your new Principal Place of Business? (i.e. your *main/primary* location)	☐ Yes ☐ No	
Will you be trading under a different business name at this address?	☐ Yes ☐ No	If yes, provide the name below:
MOTOR VEHICLE DEALERS ONLY: Yard Manager information		
Name		**MY**
MOTOR VEHICLE REPAIR BUSINESSES ONLY: Certified repairer information		
Name		**MR**

Details of fixed premises to be CEASED – no fee applies

Address (including suburb and postcode)		
Date that you intend to cease trading		
Are you ceasing to use a trading name currently attached to your licence?	☐ Yes ☐ No	If yes, provide the name below:

Attach additional pages if required

Declaration

To be completed by the licence holder (i.e. sole trader, a director or a partner)

I declare that the information and documents given with or in support of this application, whether or not provided at the time of lodgement, are true and correct. I understand that providing a false or misleading statement in an application is an offence. I also declare that I am authorised to make this application on behalf of the licensee.

Full name:

Signature: Date: