BULK SUBMISSION OF HARD COPY SLIP RECEIPT office use only APPLICATIONS FOR HIGH RISK WORK LICENCES **RTO COVERSHEET DATE STAMP** office use only **Registered Training Organisation details** RTO name: **RTO Number:** Contact person: Email address: Contact number: Reference number: Credit card details -Cardholder name: Card number: Cardholder contact number: Expiry: Cardholders Signature: I authorise the Department to deduct the current prescribed fee* Date: Office use only **Single Class total Total fee amount** \$ Χ **Mod/Add Class total Total fee amount** \$ Χ **Multi Class - New Total fee amount** \$ Χ **Multi Class - Mod Total fee amount** Χ \$ **TOTAL FEE TO BE TAKEN** Calculated by Verified by

Applicant details -

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^{*}Additional page below for over 35 applicants – please continue numbering

You can submit your applications via one of the following ways:

BY MAIL: Locked Bag 14 Cloisters Square PERTH WA 6850

IN PERSON: Level 1, 303 Sevenoaks Street, Cannington WA 6107

Please note: applications are not assessed for completeness at the Customer Service counter

#	Applicant name	Surname	(N) New (AC) Add Class (I) Interstate			Class/es	Total fee/s	Office use only
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