



Notification of Change of Address

Please print neatly in **BLOCK LETTERS** with a black or blue pen only

Applicant Details

Title: Mr Mrs Ms Miss

Surname: _____

Given Names: _____

Date of Birth: _____

Business / Company Name: _____

Trading Name: _____

Provide details of new business address (if applicable)

Business Address: _____

Suburb: _____ State: _____ Postcode: _____

If same as above address, please write "as above"

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

If same as above address, please write "as above"

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Provide email address details if available

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Facsimile: _____

Email: _____

Please provide your licence details

Electrical Worker's Licence Number: EW _____

Electrical Contractor's Licence Number: EC _____

In-House Electrical Installer's Licence Number: IH _____

Gas Fitter's Permit Number: GF _____

Please sign

Signature: _____ Date: _____

When completed, this form must be forwarded to:

Building and Energy, Locked Bag 100 East Perth WA 6892

Email energylicensing@dmirs.wa.gov.au

Facsimile (08) 6251 1902