



RTO No: 21830

CARD RE-PRINT FORM

Please complete as much of this form as possible in **BLOCK LETTERS** and return it to

Western Australia - P.O. Box 377 - Melville WA 6956

OR

Victoria, QLD and TAS - P.O. Box 130 - Mitcham VIC 3132

This Form must be sent with payment of \$55.00 (includes GST). This payment can be made by money order, credit card and/or EFT. For EFT details please contact the office on 0412 224168. (Cheques will not be accepted)

*** denotes required information**

Name* (as printed on card):

Date of Birth* (dd/mm/yy):

Current Mailing Address*:

STATE: POSTCODE:

Telephone Number/s* :

Course/s Required*. Please circle.

Plant Operator	First Aid	Test & Repair	Load/Unload
Chainsaw	Traffic Control	Working at Heights	Confined Spaces

State or territory in which **the training and assessing took place***: Please circle

VIC WA QLD TAS SA NSW NT ACT

Date and/or **year** in which training and assessing took place (if known)

____ / ____ / ____

What company were you working for at the time:

Upon completion of training and assessing, you were given a yellow Notice of Assessment form. If you still have this form what is the **RED** four digit number located in the top right of the form? This is your card number

Although you might receive your new card earlier allow for 10 days for processing .

CREDIT CARD PAYMENT:

TYPE OF CARD. VISA CARD MASTER CARD

CREDIT CARD NO

EXPIRY DATE:

Your card details will be destroyed upon payment. Please sign authorizing us to put this payment through.

Signature
