



HEALTH ACT 1911

(Section 28)

Environmental Health Officer - Application Form To Renew Authority Card Only

1. OFFICER'S DETAILS

Title _____ Surname: _____

Given Name: _____ Position: _____

Mobile Number _____

Direct Phone Number: _____ Fax Number: _____

Email Address: _____

2. LOCAL GOVERNMENT DETAILS

Local Government: _____

Person making Request: _____ Position Title: _____

Email Address: _____

Signed: _____

Phone Number: _____ Date: _____

3. OFFICE USE ONLY

Renewal Recommended: _____ MAEH Date _____

Additional Information: _____

**Note: Please return old card with a passport size photo to Director,
Environmental Health Directorate (PO Box 8172 Perth Business Centre Western
Australia 6849).**