

Interim certificate amendment

Use this form if:

- The details on your interim certificate appear incorrectly and you have not yet applied at Service NSW for your competency card.
- Note: Information on your interim certificate has been entered by your training provider. If there are errors on your certificate, please complete this form.
- DO NOT use this form if you already have your photo ID competency card and need to change your name as it appears on the card. To change your name on the card you must use the **Replacement Card** form, CC0500.

- Complete all questions. If information is missing, it will delay processing time as we will have to contact you to obtain the information.
- If you need help in completing this application, call (02) 9995 0900 during business hours or email competencycard@olgr.nsw.gov.au
- For more information visit www.olgr.nsw.gov.au/photocard.asp
- Lodge this application form by:

Post

Office of Liquor,
Gaming & Racing
GPO Box 7060
Sydney NSW 2001

Deliver to

Office of Liquor,
Gaming & Racing
Level 6, 323 Castlereagh St
Haymarket NSW 2000

Email

competencycard@olgr.nsw.gov.au

OFFICE USE ONLY

CC0300

By (circle): mail | OTC | fax | email

Date lodged _____

Request number _____

Finalised by _____

Date finalised _____

THIS FORM CONTAINS FILLABLE FIELDS

PART A

DETAILS ON INTERIM CERTIFICATE (including all incorrect details)

Title (Mr, Mrs, Ms, Dr) _____

Family name _____

First name _____

Middle name _____

Date of birth (dd mm yyyy) _____

Certificate no. _____

Form continues on next page...

PART B

YOUR CORRECT DETAILS (must correspond with your 100 points of identity)

Which details need to be changed on your certificate? (e.g. "first name and date of birth")

Please complete all following details, even if they are correct or do not show on your interim certificate

Title (Mr, Mrs, Ms, Dr)	Family name
First name	Middle name
Date of birth (dd mm yyyy)	

Residential address

Street no.	Street name		
Town/city		State	Postcode

Postal address (if different to above)

PO box or street no.	Street name		
Town/city		State	Postcode

PART C

STUDENT CONTACT DETAILS

Phone (daytime)	Phone (mobile)
Email address	

PART D

APPROVED TRAINING PROVIDER DETAILS

RSA Interim Certificate (please tick) Yes No

RCG Interim Certificate (please tick) Yes No

Name of Approved Training Provider(s)

Date(s) of course completion (dd mm yyyy)

PART E

DECLARATION

- I declare that the information I have provided is true, correct and complete and that I have made all reasonable enquires to obtain the information required to complete this form
- I acknowledge that the failure to provide all required information may result in an inability to process your application
- I acknowledge that it is an offence to provide false or misleading information
- I understand that specific details I have provided may be 'personal information' under the *Privacy and Personal Information Protection Act 1998*.

Name	Signature	Date
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