



Application for **Additional Classes** of Repair Work to be added to an Existing Motor Vehicle Repairer's Certificate

Please use a pen and write neatly using BLOCK LETTERS. Tick where required

Details of applicant

Motor Vehicle Repairer's Certificate Number:

MR

Preferred title:

Mr

Mrs

Miss

Ms

Other

Family Name:

Given Names:

Residential address:

Postcode

Postal address:

If the same as your residential address, please tick

Postcode

Your contact telephone number:

Your email address

Classes of Repair Work

Your current Motor Vehicle Repairers Certificate must be returned with this application before a replacement certificate, which includes the additional class/es, can be issued.

There are 29 classes of repair work for which a certificate can be granted. Refer to pages 7 to 11 of the **Repairers General Information Booklet** for the **list of the classes of repair work** and their associated **codes**. (Eg. Air conditioning work [code = ACW])

Write here the name and code of the ADDITIONAL Class(es) of Repair Work for which you are applying. If you are applying for more than 2 classes of repair work, please attach additional pages

Name of Class of Repair Work

Code

Department of Commerce Consumer Protection

Level 2, Gordon Stephenson House
140 William Street
PERTH WA 6000

Licensing Advice Line

1300 30 40 64

(8.30 – 5.00 Weekdays)

(except for Public Holidays)

Licensing Branch

Level 5
1260 Hay Street
WEST PERTH

Postal

Consumer Protection
Licensing Branch
Locked Bag 14
Cloisters Square
PERTH WA 6850

Email

licensingenquiries@commerce.wa.gov.au

Lodging Your Application

Your application can **only** be processed if **all** relevant information and supporting documentation is provided.

At the time of lodgement, **your application should be complete, signed and witnessed.**

Web Site:

www.commerce.wa.gov.au/CP/licences

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Qualifications

Please provide details:

Name of Qualification / Trade Certificate (completed apprenticeship):	Year Granted:

Please attach a certified copy of your educational qualifications and/or Trade Certificate.

Work Experience

Please state your work experience as an employee in the table below:

Employer:	Class (Type) of Repair Work:	Years Employed: (eg. 1997-2000)

Are you a proprietor of a repair business **and** you **do** repair work **or supervise** repair work? Yes No

If yes, please provide details:

Name of Business:	Class (Type) of Repair Work:	Years as Owner & Operator: (eg. 1997-2000)

Please attach statement of service or other documents confirming your repair work experience as an employee or employer.

DECLARATION

In order to assist with the determination of this application, I authorise the Commissioner, or persons so directed, to obtain on my behalf any document, record, file or information that may be necessary and relevant to consider my fitness and propriety to hold a licence, including but not limited to records relating to my criminal history, current/previous occupational licences and other relevant information.

Further, I declare that the information and documents given with or in support of this application, whether or not provided at the time of or subsequent to lodgement, are true and correct. **I understand that providing a false or misleading statement in an application is an offence.**

Applicants full name:

Applicant signature: Date: