

APPLICATION FOR REPLACEMENT LICENCE

**GAS FITTING PERMIT
DANGEROUS GOODS DRIVER LICENCE**

Enquiries 1300 365 255
 Internet safework.sa.gov.au
 Email licensing.safework@sa.gov.au
 Post GPO Box 465, Adelaide SA 5001
 ABN 50 560 588 327

*Dangerous Substances Act 1979
 Dangerous Substances (Dangerous Goods Transport) Regulations 2008
 Dangerous Substances (General) Regulations 2017*

Use this form only if you need to replace your licence because it has been lost, stolen or destroyed or because you have changed your name.

1. REPLACEMENT REASON & DETAILS

What replacement licence to you require, please tick applicable box:

- GAS FITTING PERMIT DANGEROUS GOODS DRIVER LICENCE

Licence/Permit Number

What is your reason for a replacement licence, please tick applicable box:

- A) LICENCE LOST B) LICENCE STOLEN C) LICENCE DESTROYED
 D) CHANGE OF NAME E) MEDICAL - DANGEROUS GOODS (DG) DRIVER ONLY

If Change of Name, please provide Original and New Names:

Original Licence - Family Name

Original Licence - Given Name(s)

New Licence - Family Name

New Licence - Given Name(s)

2. APPLICANT DETAILS

Please record your name exactly as it appears on your current photo identification:

Family Name

Given Name(s)

Title

Date of birth

Residential Address

Postcode

Postal Address (if different from above)

Postcode

Telephone

Mobile

Email Address

3. SUPPORTING DOCUMENTATION

Please tick to confirm you have attached the relevant documentation:

- One passport size photograph taken within the last 6 months
 Copy of current driver's licence clearly showing facial features (front and back)
 Change of Name: Copy of the Certificate from Births, Deaths and Marriages Registration Office
 Medical (DG Driver only): completed Certificate of Medical Fitness

4. DECLARATION

I hereby apply for a replacement licence because my original licence was lost, stolen, destroyed or I have changed my name. I understand that if I locate my original licence, I must destroy it immediately, as it is an offence to carry more than one licence for the same type of authorisation. If I have changed my name I will destroy my original licence once I receive the replacement licence. I understand that it is an offence to carry more than one licence for the same type of authorisation.

I declare that, to the best of my knowledge, the information provided in and supporting this application is true and correct in every particular.

Name of Applicant

Signature of Applicant

Date



TAX INVOICE - PAYMENT INFORMATION
APPLICATION FOR REPLACEMENT LICENCE
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SafeWork SA

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5. PAYMENT DETAILS

Applicant Name

APPLICATION FEE DUE:

REPLACEMENT GAS FITTING PERMIT: \$121.00 (Fees current to 30 June 2022)

REPLACEMENT DANGEROUS GOODS DRIVER LICENCE: \$28.25 (Fees current to 30 June 2022)

This fee is exempt from GST

APPLY BY EMAIL:

Accepted payment type

1 - VISA or MasterCard
 (provide cardholder information below)

NOTE: Once your application has been assessed, SafeWork SA will contact you for payment.

Send all documents to

licensing.safework@sa.gov.au

(Total file size must be less than 20MB)

APPLY BY POST:

Accepted payment types

1 - VISA or MasterCard
 (provide cardholder information below)

Send all documents to
 SafeWork SA

Licensing Unit

CARDHOLDER INFORMATION

Name of cardholder (or if business name)

Signature of Card Holder

Name of person authorised to approve payment (if different to Card Holder name)

Contact telephone number

Date

Postal or email address for payer (receipts will be sent to this address)

I authorise SafeWork SA to deduct the amount of \$

SafeWork SA is unable to accept credit card details via email. Once your application has been assessed, SafeWork SA will contact you for payment.

