# SafeWork SA

## **TAX INVOICE**

#### SafeWork SA

## APPLICATION FOR REPLACEMENT LICENCE

## **GAS FITTING PERMIT** DANGEROUS GOODS DRIVER LICENCE

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

Dangerous Substances Act 1979 Dangerous Substances (Dangerous Goods Transport) Regulations 2008

Dangerous Substances (General) Regulations 2017

Enquiries **1300 365 255** Internet safework.sa.gov.au

Email licensing.safework@sa.gov.au GPO Box 465, Adelaide SA 5001 Post

ABN 50 560 588 327

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 DEST	TROYED
D) CHANGE OF NAME E) MEDICAL - DANGEROUS GOODS (DG) DRIVER OF	NLY
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  Residential Address  Postal Address (if different from above)	Date of birth  Postcode  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	ce

4. DECLARATION		
I hereby apply for a replacement licence because my changed my name or require a new licence due to medicence, I must destroy it immediately, as it is an offend authorisation. If I have changed my name or need uponce I receive the replacement licence. I understand type of authorisation. I declare that, to the best of my lapplication is true and correct in every particular.	dical requirements. I understand that be to carry more than one licence for t dated medical requirements I will dest that it is an offence to carry more than	t if I locate my original the same type of troy my original licence n one licence for the same
Name of Applicant	Signature of Applicant	Date

## Government of South Australia SafeWork SA

## TAX INVOICE - PAYMENT INFORMATION

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PAYMENT DETAILS	
Applicant Name	
APPLICATION FEE DUE:  REPLACEMENT GAS FITTING PERMIT: \$123.00 (Fees current to	o 30 June 2023)
	•
REPLACEMENT DANGEROUS GOODS \$28.75 (Fees current to DRIVER LICENCE:	o 30 June 2023)
This fee is exempt from GST	
APPLY BY EMAIL:	APPLY BY POST:
Accepted payment type	Accepted payment types
1 - VISA or MasterCard (provide cardholder information below)	<ol> <li>VISA or MasterCard (provide cardholder information below)</li> </ol>
<b>NOTE:</b> Once your application has been assessed, SafeWork SA will contact you for payment.	2 - Cheque or money order (made out to SafeWork SA)
Send all documents to	Send all documents to SafeWork SA
licensing.safework@sa.gov.au	Licensing Unit GPO Box 465
(Total file size must be less than 20MB)	ADELAIDE SA 5001
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 Date
Postal or email address for payer (receipts will be sent to this address)	
Tostal of 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 a SafeWork SA will contact you for payment.	application has been assessed,