



**TAX INVOICE**

SafeWork SA

**APPLICATION FOR REPLACEMENT LICENCE  
DANGEROUS GOODS VEHICLE**

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

Enquiries 1300 365 255  
Internet [safework.sa.gov.au](http://safework.sa.gov.au)  
Email [licensing.safework@sa.gov.au](mailto:licensing.safework@sa.gov.au)  
Post GPO Box 465, Adelaide SA 5001  
ABN 50 560 588 327

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

**1. REPLACEMENT REASON**

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

- A) LICENCE LOST**       **B) LICENCE STOLEN**       **C) LICENCE DESTROYED**

Licence Number

Vehicle Registration Number

Please provide copy of on Road Registration (tick box if attached)

Please provide details of how the licence was lost, stolen or destroyed:

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**2. APPLICANT DETAILS**

Please print your name exactly as it appears on your original/current licence card

Family Name

Given Name(s)

Title

Date of Birth

Name of Business Entity

Trading Name

Australian Business Number (ABN)

Australian Company Name (ACN)

Vehicle Location Address

Postcode

Postal Address

Postcode

Name of Contact Person

Position Title

Telephone

Mobile

Email Address

### 3. DECLARATION

I hereby apply for a replacement licence because my original licence was lost, stolen or destroyed. 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.

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

Name of Applicant

Signature of Applicant

Date



TAX INVOICE - PAYMENT INFORMATION

SafeWork SA

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4. PAYMENT OPTIONS

Applicant Name

**APPLICATION FEE DUE: \$28.75** (Fee current to 30 June 2023)

*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](mailto: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  
GPO Box 465  
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 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.