



**Department of Commerce
Consumer Protection**

**NOTICE OF CHANGE OF ADDRESS
MOTOR VEHICLE DEALER, DIRECTOR,
SALESPERSON OR YARD MANAGER**

Family Name			
Given Names			
Licence Number		Position Held	
Employers Trading Name			
Employers Address			
		Postcode	

I wish to advise the Commissioner for Consumer Protection of a change to my:

Residential Address *Tick if applicable and complete details below*
Change of address to be advised within 14 days, Motor Vehicle Dealers Act 1973

Current Residential Address:			
		Postcode	
Previous Residential Address			
		Postcode	

Postal Address *Tick if applicable and complete details below*

Postal address: *If the same as your residential address, please tick*

Current Postal Address			
		Postcode	
Previous Postal Address			
		Postcode	

Signature:Date:

Contact NoEmail.....

Post to: The Licensing Officer or **Fax to** 08 9282 4363
 Consumer Protection
 Locked Bag 14
 CLOISTERS SQUARE
 PERTH WA 6850