



**Department of Commerce  
Consumer Protection**

MOTOR VEHICLE REPAIRERS REGULATIONS 2007

**APPLICATION FOR A DUPLICATE  
MOTOR VEHICLE REPAIR BUSINESS LICENCE**

**A fee of \$38.25 is applicable for a duplicate licence**  
(Fee applicable for period 1 July 2011 to 30 June 2012)

|                 |           |                  |  |
|-----------------|-----------|------------------|--|
| Entity Name:    |           |                  |  |
| Postal Address: |           |                  |  |
| Licence Number: | MRB ..... | Telephone Number |  |

**Please complete the Statutory Declaration on page 2 stating the reason you require a duplicate certificate.**

Cheques should be made payable to the Department of Commerce. If paying by credit card, please complete the credit card payment details below.

You may lodge your application by fax to 08 9282 4363 or;

|  |   |  |
|--|---|--|
| <b>By post</b> addressed to:<br>The Licensing Officer<br>Consumer Protection<br>Locked Bag 14<br>Cloisters Square<br>PERTH WA 6850 | <b>In person</b> at:<br>Department of Commerce<br>Consumer Protection<br>Unit 4 / 321 Selby Street (rear)<br>OSBORNE PARK | <b>In person</b> at:<br>Department of Commerce<br>Consumer Protection<br>Ground Floor<br>219 St Georges Terrace<br>PERTH |
|--|---|--|

**CREDIT CARD PAYMENT DETAILS**

**Application for Duplicate Motor Vehicle Repair Business Licence**

**For Credit Card Payment – applicant to complete**

Card Type    Visa        Mastercard        (Only Visa and Mastercard accepted)

Card Number                        

Card Holder        Please print

Expiry Date      /      Amount    \$

Signature / Authorisation        Date

**WESTERN AUSTRALIA - OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005  
STATUTORY DECLARATION**

I, ..... (Full name)

of ..... (Address)

Occupation .....

sincerely declare that .....

.....

.....

and the statements and information provided are correct to the best of my knowledge and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*

at ..... (place) ..... (date)

in the presence of - ..... (Signature of authorised witness)

Print Name of authorised witness and qualification as such a witness \* .....

**By** ..... (**Signature of person making the declaration**)

**\*Important** This Declaration must be made before any of the following persons:-

Academic (post-secondary institution), Accountant, Architect, Australian Consular Officer, Australian Diplomatic Officer, Bailiff, Bank Manager, Chartered Secretary, Chemist, Chiropractor, Company Auditor or Liquidator, Court Officer (Judge, Magistrate, Registrar or Clerk), Defence Force Officer (Commissioned, Warrant or NCO with 5 years continuous service), Dentist, Doctor, Engineer, Industrial Organisation Secretary, Insurance Broker, Justice of the Peace, Lawyer, Local Government CEO or Deputy CEO, Local Government Councillor, Loss Adjuster, Marriage Celebrant, Member of Parliament (State or Commonwealth), Minister of Religion, Nurse, Optometrist, Patent Attorney, Physiotherapist, Podiatrist, Police Officer, Post Officer Manager, Psychologist, Public Notary, Public Servant (State or Commonwealth), Real Estate Agent, Settlement Agent, Sheriff or Deputy Sheriff, Surveyor, Teacher, Tribunal Officer, Veterinary Surgeon OR Any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a Statutory Declaration may be made.