



# Application for **Additional Classes** of Repair Work to be added to an Existing Motor Vehicle Repairer's Certificate

Please use a pen and write neatly using BLOCK LETTERS. Tick where required

## Details of applicant

Motor Vehicle Repairer's Certificate Number:

Preferred title: Mr  Mrs  Miss  Ms  Other

Family Name:

Given Names:

Residential address:   
 Postcode

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

Your contact telephone number:

Your email address

## Classes of Repair Work

**Your current Motor Vehicle Repairers Certificate must be returned with this application before a replacement certificate, which includes the additional class/es, can be issued.**

There are 29 classes of repair work for which a certificate can be granted. **Refer to pages 7 to 11 of the Repairers Certificate Information Booklet for the list of the classes of repair work and their associated codes.** (Eg. Air conditioning work [code = ACW] )

**Write here the name and code of the ADDITIONAL Class(es) of Repair Work for which you are applying.** If you are applying for more than 2 classes of repair work, please attach additional pages

Name of Class of Repair Work

Code

**Department of Commerce  
Consumer Protection**

**Licensing Advice Line**  
(08) 9282 4338  
**Fax:**  
(08) 9282 4363

**(8.30 – 5.00 Weekdays)**  
(except for Public Holidays)

**Licensing Branch**

**Head Office:**  
Forrest Centre  
219 St Georges Terrace  
PERTH

Unit 4 / 321 Selby Street  
(REAR)  
OSBORNE PARK

**Postal**  
The Licensing Officer  
Consumer Protection  
Locked Bag 14  
Cloisters Square  
PERTH WA 6850

**Lodging Your Application**

Your application can **only** be processed if **all** relevant information and supporting documentation is provided.

At the time of lodgement, **your application should be complete, signed and witnessed.**

Web Site:  
[www.commerce.wa.gov.au](http://www.commerce.wa.gov.au)

