



Licensing Office Hours
 8:30am to 5:00pm Mon to Fri

Notification of Change of Address

Please print neatly in BLOCK LETTERS with a black or blue pen only

Applicant Details

Title: Mr Mrs Ms Miss Other (specify)

Surname: _____

Given Names: _____

Date of Birth: _____

Business / Company Name: _____

Trading Name: _____

Provide details of new business address (if applicable)

Business Address: _____

Suburb: _____ State: _____ Postcode: _____

Residential address must be provided. If same as above address, please write "as above"

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Please provide details of new postal address. If same as above address, please write "as above"

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Provide email address details if available

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Facsimile: _____

Email: _____

Please provide your licence details

Electrical Worker's Licence Number: EW _____

Electrical Contractor's Licence Number: EC _____

In-House Electrical Installer's Licence Number: IH _____

Gas Fitter Permit Number: GF _____

Please sign

Signature: _____ Date: _____

When completed, this form must be forwarded to:
Energy Safety, 303 Sevenoaks Street, Cannington WA 6107

For office use only

Accepted by: _____ Date: _____

Updated by: _____ Date: _____